

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90066 021 ***150.00

DOCUMENT # P00000084136

1. Entity Name
IRENE GORDON-DOBBYN, INC.



Principal Place of Business
4038 N. OCEAN DRIVE
HOLLYWOOD FL 33019

Mailing Address
4038 N. OCEAN DRIVE
HOLLYWOOD FL 33019

2. Principal Place of Business

3. Mailing Address

858 S. Southlake Drive
Suite, Apt. #, etc.

858 S. Southlake Drive
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Hollywood, FL

City & State
Hollywood, FL

4. FEI Number **65-1038079**

☐ Applied For
☐ Not Applicable

Zip **33019** **Country** **U.S.A.**

Zip **33019** **Country** **U.S.A.**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GORDON-DOBBYN, IRENE
4038 N. OCEAN DRIVE
HOLLYWOOD FL 33019

Name
Gordon-Dobbyn, Irene
Street Address (P.O. Box Number is Not Acceptable)
858 S. Southlake Drive

City **Hollywood** **FL** **Zip Code** **33019**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Irene Gordon-Dobbyn* 11/17/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **GORDON-DOBBYN, IRENE**
STREET ADDRESS **4038 N. OCEAN DRIVE**
CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE **D** ☒ Change ☐ Addition
NAME **Gordon-Dobbyn, Irene**
STREET ADDRESS **858 S. Southlake Drive**
CITY-ST-ZIP **Hollywood, FL 33019**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Irene Gordon-Dobbyn* 11/17/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)