

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90281 023 ***150.00

DOCUMENT # P00000106737

1. Entity Name
DOUGHMONKEY, INC.

Principal Place of Business
1281 FRUITLAND AVE.
MARCO ISLAND FL 34145

Mailing Address
1281 FRUITLAND AVE.
MARCO ISLAND FL 34145

910128



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
188 ROYAL PALM DRIVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MARCO ISLAND FL

City & State

4. FEI Number
59-3686008

Applied For
Not Applicable

Zip
34145

Country
USA

Zip

Country

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

LIMA, AUDREA
220 SOUTH COLLIER BLVD.
MARCO ISLAND FL 34145

Name
ANDREA K. LIMA

Street Address (P.O. Box Number is Not Acceptable)
220 S. COLLIER BLVD.
701

City MARCO ISLAND FL Zip Code 34145

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.

SIGNATURE: *Andrea K. Lima*

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

(NOTE: Registered Agent signature required when reinstating)

1.18.01

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
P S
RHONDA RUCKMAN
1281 FRUITLAND AVE.
MARCO ISLAND FL 34145

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
VP
ANDREA K. LIMA
220 S. COLLIER BLVD 701
MARCO ISLAND FL 34145

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rhonda Ruckman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/01

Date

Daytime Phone #

941-389-8720

CR2E034 (10/00)