

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90854 017 \*\*\*150.00

**DOCUMENT # P01000017285**

1. Entity Name  
**DOVE RUN, INC.**



Principal Place of Business  
**35310 HWY 54 W  
ZEPHYRHILLS FL 33541**

Mailing Address  
**35310 HWY 54 W  
ZEPHYRHILLS FL 33541**



2. Principal Place of Business  
**34851 S.R. 54 W**

3. Mailing Address  
**34851 S.R. 54 W**

Suite, Apt. #, etc.  
**Suite 101**

Suite, Apt. #, etc.  
**Suite 101**

City & State  
**Zephyrhills, FL**

City & State  
**Zephyrhills, FL**

Zip Country  
**33541 USA**

Zip Country  
**33541 USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3710649**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HILL, CARL D  
35310 HWY 54 W 34851 S.R. 54 W Suite 101  
ZEPHYRHILLS FL 33541**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ (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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	DP	<input type="checkbox"/> Delete
NAME	HILL, CARL D	
STREET ADDRESS	35310 HWY 54 W	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HILL, KIMBERLY A	
STREET ADDRESS	35310 HWY 54 W	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	DV	<input type="checkbox"/> Delete
NAME	OSTERMANN, KEITH	
STREET ADDRESS	10439 LAMSON RD	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	D	<input type="checkbox"/> Delete
NAME	OSTERMANN, KIM M	
STREET ADDRESS	10439 LAMSON RD	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	STEEERS, WILLIAM F	
STREET ADDRESS	28546 DAWNS BREAK POINT	
CITY-ST-ZIP	WESLEY CHAPEL FL 33543	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	34851 S.R. 54 W Suite 101	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	34851 S.R. 54 W Suite 101	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

1/9/03 (813) 782-7705

CR2E034 (10/02)