2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000040418

1. Entity Name



FILED Mar 24, 2003 8:00 am Secretary of State 03-24-2003 90137 046 ***150.00

ļ	DOUGH INVESTMENTS, IN	C.			03-24	-2003 9013	7 040 1.	30.00
Principal 900 SIXTH NAPLES F	Place of Business H AVE S STE 203 FL 34102	Mailing Addre 900 SIXTH AVI NAPLES FL 34	E S STE 203					
2. Princip	pal Place of Business	3. Mailing Add	ress					
Suite, A	Apt. #, etc.	Suite, Apt. #, etc.			4 10011601 115 00101 11			
City & S	State	City & State				CK HERE IF M.	AKING CHAN	GES
Zip	Country	Zip	Cour	ote.	4. FEI Number 59-37	742973		Applied For Not Applical
	6. Name and Address of Curren	, i	ŀ	ntry	5. Certificate of Status [_	Fee Red	Additional
201 1141		t Hegistered Agent		Name	7. Name and Address	of New Regist	ered Agent	uired
SCHWE	IKHARDT, WILLIAM						<u> </u>	
	TH AVE S STE 203 S FL 34102		ļ	Street Address	s (P.O. Box Number is Not Ac	ceptable)	<u> </u>	
	TE OTICE			 			f	
8. The abov	we named entity submits this statement f			City			Zip C	ode
the oblig	we named entity submits this statement for gations of registered agent.	or the purpose of cha-	nging its registere	ed office or registe	ered agent, or both, in the Sta	I ate of Florida. I	am familiar wi	th and accen
SIGNATURE				-			Carti reassurement	In, and accep
<u> </u>	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registered	Agent signature require	and when resine fations)			
Ι Δftz	FILE NOW!!! FEE IS \$150.00	9				DA	ATE	
Make Chec	er May 1, 2003 Fee will be \$550.00 ck Payable to Florida Department of	f State			9. Election Camp. Trust Fund Con	 aign Financing		.00 May Be
10.	OFFICERS AND		11.		ľ		⊔ Add	led to Fees
TITLE NAME	PD MORRISON, ANDREW	☐ Dele			ADDITIONS/CHANGES 1	O OFFICERS	AND DIRECTO	RS IN 11
_	900 SIXTH AVE S STE 203		NAME				☐ Change	
CITY-ST-ZIP	NAPLES FL 34102	-		ADDRESS				
TITLE	TD		CITY-ST	T-ZIP				
NAME	ANSLEY, RUSS	Delet	te TITLE	1		1		
CIDAL 1 Accountage .	1000 00mm :			1		- 	☐ Change	☐ Addition
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of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

HE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

239-262-6615