

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
 05-12-2002 90617 020 ***150.00

DOCUMENT # P01000058649

1. Entity Name
R.H. DOXEY, P.A.

Principal Place of Business
**868 106TH AVE N
 NAPLES FL 34108**

Mailing Address
**868 106TH AVE N
 NAPLES FL 34108**

2. Principal Place of Business
3080 6th St. NW
 Suite, Apt. #, etc.

3. Mailing Address
3080 6th St. NW
 Suite, Apt. #, etc.

City & State
Naples, FL
 Zip
34120
 Country

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Naples, FL
 Zip
34120
 Country

4. FEI Number
59-3728662

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DOXEY, ROBIN H
 868 106TH AVE N
 NAPLES FL 34108**

7. Name and Address of New Registered Agent

Name **Robin Doxey**
 Street Address (P.O. Box Number is Not Acceptable)
3080 6th Street NW
 City **Naples, FL** Zip Code **34120**

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 *Robin Doxey*
 Signature typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-24-02
 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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOXEY, ROBIN H 868 106TH AVE N NAPLES FL 34108 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President - Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3080 6th St. NW Naples, FL 34120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Robin Doxey **ROBIN H. DOXEY, President** **4-24-02** **(941) 248-4748**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0493047 AV

CR2E034 (9/01)