

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 90713 021 \*\*\*158.75

**DOCUMENT # P01000100134**

1. Entity Name  
**THE DOVE AGENCY, INC.**

Principal Place of Business  
**106 1ST LANE**  
**PALM BEACH GARDENS FL 33418**

Mailing Address  
**106 1ST LANE**  
**PALM BEACH GARDENS FL 33418**

2. Principal Place of Business  
**505 NE 3<sup>rd</sup> St**

3. Mailing Address  
**505 NE 3<sup>rd</sup> St**

Suite, Apt. #, etc.  
**Suite #200**

Suite, Apt. #, etc.  
**Suite #200**

City & State  
**Delray Beach, Florida**

City & State  
**Delray Beach, Florida**

4. FEI Number  
**65-1146980**

Applied For  
 Not Applicable

Zip  
**33483** Country  
**USA**

Zip  
**33483** Country  
**USA**

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

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

**SMITH, PETER K**  
**106 1ST LANE**  
**PALM BEACH GARDENS FL 33418**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

## 7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

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  
**P**  
 NAME  
**SMITH, PETER K**  
 STREET ADDRESS  
**106 1ST LANE**  
 CITY-ST-ZIP  
**PALM BEACH GARDENS FL 33418** ☐ Delete

TITLE  
**V**  
 NAME  
**MUNRO, MARIA**  
 STREET ADDRESS  
**106 1ST LANE**  
 CITY-ST-ZIP  
**PALM BEACH GARDENS FL 33418** ☐ Delete

TITLE  
**S**  
 NAME  
**DE RAE, RICKY**  
 STREET ADDRESS  
**700 NW 214 ST, APT 501**  
 CITY-ST-ZIP  
**MIAMI FL 33418** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**P**  
 NAME  
**SMITH, PETER K**  
 STREET ADDRESS  
**106 1ST LANE**  
 CITY-ST-ZIP  
**PALM BEACH GARDENS FL 33418** ☐ Change ☐ Addition

TITLE  
**V**  
 NAME  
**MUNRO, MARIA**  
 STREET ADDRESS  
**106 1ST LANE**  
 CITY-ST-ZIP  
**PALM BEACH GARDENS FL 33418** ☐ Change ☐ Addition

TITLE  
**S**  
 NAME  
**DE RAE, RICKY**  
 STREET ADDRESS  
**700 NW 214 ST, APT 501**  
 CITY-ST-ZIP  
**MIAMI FL 33418** ☐ Change ☐ Addition

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

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

TITLE  
 NAME  
 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:

**MARIA MUNRO**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/02 (561)279-8889**  
 Date Daytime Phone #

CR2E034 (9/01)