

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State
 05-23-2002 90085 013 ***150.00

0482470 AV

DOCUMENT # P01000109437

1. Entity Name
DOROTHY M. O'KELLEY, P.A.

Principal Place of Business
1811 BRANTLEY ROAD #1411
FORT MYERS FL 33907

Mailing Address
1811 BRANTLEY ROAD #1411
FORT MYERS FL 33907



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1801 Brantley Rd
 Suite, Apt. #, etc. **1411**

3. Mailing Address
1801 Brantley Rd
 Suite, Apt. #, etc. **1411**

City & State
Ft Myers FL
Zip **33907** **Country** **USA**

City & State
Ft Myers FL
Zip **33907** **Country** **USA**

4. FEI Number **42-1365081** **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent
E. GLENN TUCKER
950 NORTH COLLIER BLVD.
SUITE 204
MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent
Name **O'Kelley, Gurnis E**
Street Address (P.O. Box Number is Not Acceptable) **1801 Brantley Rd #1411**
City **Ft Myers** **FL** **Zip Code** **33907**

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 *Dorothy M. O'Kelley* **4/30/02**
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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'Kelley, Dorothy
STREET ADDRESS	200 Waterside Cr #201
CITY-ST-ZIP	Marco Island FL 34145
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'Kelley, Gurnis E
STREET ADDRESS	200 Waterside Cr #201
CITY-ST-ZIP	Marco Island FL 34145
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Dorothy M. O'Kelley* **4/30/02** **239 244-285-3802**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)