

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**  
 04-24-2002 90309 040 \*\*\*158.85

**DOCUMENT # P01000116353**

1. Entity Name  
**DOC'S MUSCLE SHOP, INC.**

Principal Place of Business  
**7874 S PINE AVE**  
**OCALA FL 34480**

Mailing Address  
**7874 S PINE AVE**  
**OCALA FL 34480**

2. Principal Place of Business  
**7874 S Pine Ave**  
 Suite, Apt. #, etc.

3. Mailing Address **Same**  
 Suite, Apt. #, etc.

City & State  
**OCALA FLA**

City & State

4. FEI Number **90-0000-333**

Applied For  
 Not Applicable

Zip  
**34480**

Country  
**MARION**

Zip  
**34480**

Country  
**US**

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

## 6. Name and Address of Current Registered Agent

**DOCKERY, MICHAEL R**  
**7874 S PINE AVE**  
**OCALA FL 34480**

## 7. Name and Address of New Registered Agent

Name **Michael R Dockery**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7874 S Pine Ave**  
 City **OCALA** FL Zip Code **34480**

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  **Michael R Dockery** DATE **4/4/02**  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

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

## 11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
 NAME **DOCKERY, MICHAEL R**  
 STREET ADDRESS **7874 S PINE AVE**  
 CITY-ST-ZIP **OCALA FL 34480**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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TITLE ☐ Change ☐ 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:  **Michael R Dockery** DATE **4/4/02** Daytime Phone # **352-732-7600**  
(Signature and typed or printed name of signing officer or director)

CR2E034 (9/01)