

FILED
Jun 03, 2004 8:00 am
Secretary of State

05-03-2004 90998 024 ***100.00
06-03-2004 90001 013 ****50.00

FOR PROFIT CORPORATION.
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000133989	
1. Entity Name	
JOE DOOLAN, INC.	

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54056438

2. Principal Place of Business 305 SWANSON AVE. Suite, Apt. #, etc.	3. Mailing Address 100 BAYNARD COVE RD. Suite, Apt. #, etc.
City & State COCONUT GROVE, FL	City & State HILTON HEAD, SC
Zip 33133	Country USA

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4. FEI Number 65-1167071	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent Name JOHN J. DOOLAN, III Street Address (P.O. Box Number is Not Acceptable) 305 SWANSON AVE. City COCONUT GROVE FL Zip Code 33133
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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. I am familiar with, and accept the obligations of registered agent.


SIGNATURE _____ **DATE** _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JOHN J. DOOLAN, III 305 SWANSON AVE. COCONUT GROVE, FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 14, 2004

JOE DOOLAN, INC.
100 BAYNARD COVE RD
HILTON HEAD ISLAND, SC 29928

Subject: **JOE DOOLAN, INC.**

Reference Number: **P02000133989**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$100.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$50.00.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RH
ANNUAL REPORTS SECTION