FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P04000099832

1. Entity Name

FIVE DOVES, INCORPORATED

FILED

07 JUN -7 AM 7:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3624 WHIPPOORWILL BLVD	3624 WHIPPOORWILL BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PUNTA GORDA FL	City & State: PUNTA GORDA, FL
Zip: 33950 Country: USA	Zip: 33950 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 592087935 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: BONNIE C. DOVE

Street Address (P.O. Box Number is Not Acceptable): 3624 WHIPPOORWILL BLVD

City: PUNTA GORDA FL Zip Code: 33950

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's signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	DOVE, BONNIE C.
STREET ADDRESS	3624 WHIPPOORWILL BLVD
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	SECRETARY
NAME	DOVE, WILLIAM S. III
STREET ADDRESS	3624 WHIPPOORWILL BLVD
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	TREASURER
NAME	DOVE, BONNIE C.
STREET ADDRESS	3624 WHIPPOORWILL BLVD
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	VICE PRES
NAME	DOVE, WILLIAM S. III
STREET ADDRESS	3624 WHIPPOORWILL BLVD
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	
NAME	
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Bonnie C. Dove BONNIE C DOVE 6/5/07 941 505-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #