

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91584 022 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000089548
1. Entity Name
DOVE & ASSOCIATES OF SOUTHWEST FLORIDA, INC.

Principal Place of Business
2041 W. FIRST ST
FORT MYERS FL 33901
US

Mailing Address
2041 W. FIRST ST
FORT MYERS FL 33901
US

2. Principal Place of Business
1762 FOWLER ST.
 Suite, Apt. #, etc.

3. Mailing Address
1762 FOWLER ST.
 Suite, Apt. #, etc.

City & State
FORT MYERS FL

City & State
FORT MYERS FL

Zip
33901

Country
USA

Zip
33901

Country
USA

4. FEI Number
65-0556275

Applied For
☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent
NAGLE, KIM S.
3904 SE 12TH PL
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **Zip Code**

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

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	DOVE, EDWARD W	209 SUNSET CIR	CROSS JUNCTION VA 22625	<input type="checkbox"/>
D	DOVE, EDWARD W	209 SUNSET CIR	CROSS JUNCTION VA 22625	<input type="checkbox"/>
ST	NAGLE, KIM S.	3904 SE 12TH PLACE	CAPE CORAL FL	<input type="checkbox"/>
VP	SPENCER, GEORGE C	2041 W. FIRS ST	FT MYERS FL 33901	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
VICE PRESIDENT	KEITH CLAY	6790 PANGOLA DRIVE	FORT MYERS FL. 33905	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Kim S. Nagle* **4-19-02 239-332-7500**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)