

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 25, 2002 8:00 am**  
**Secretary of State**

07-25-2002 90123 033 \*\*\*150.00

**DOCUMENT # P96000018773**

1. Entity Name  
**ASSOCIATES IN DEVELOPMENT, INC.**

Principal Place of Business  
**3059 BRAELOCH CR W**  
**CLEARWATER FL 33761**  
*1043 Winding Willow*  
**TRINITY, FL. 34655**

Mailing Address  
**3059 BRAELOCH CR W**  
**CLEARWATER FL 33761**  
*1043 Winding Willow*  
**TRINITY, FL. 34655**

80132117



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3366432</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

**6. Name and Address of Current Registered Agent**

**DOCHERTY, ROBERT V**  
**2881 MEADOW WOOD DRIVE** *1043 Winding Willow*  
**CLEARWATER FL 33761** *TRINITY FL. 34655*

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Robert V. Docherty*  
 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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

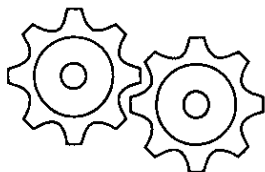
10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOCHERTY, ANITA M</b>	NAME	
STREET ADDRESS	<b>3059 BRAELOCH DR W</b> <i>1043 Winding Willow</i>	STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL 33761</b> <i>TRINITY, FL 34655</i>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (4/02)

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: *Robert V. Docherty* **Robert V. DOCHERTY** *July 23 2002* **727-372-8089**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



*Attachment*  
*#796000018773*  
*60132117*

**ASSOCIATES IN DEVELOPMENT, INC.**

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Fund-Raising That WORKS

July 22, 2002

Uniform Business Report  
Division of Corporations  
P. O. Box 1500  
Tallahassee, FL 32302-1500

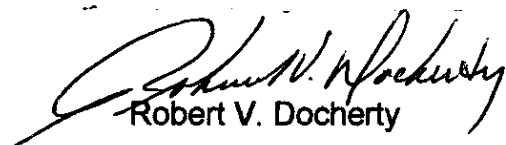
To Whom It May Concern:

Please waive the late fee for my filing this report late.

As you see we changed our address and now are doing business out of our new home. When we registered with the Post Office, we informed them that we would be receiving mail for our daughter and our business. We had no problem with mail for our daughter; however, our business mail was not received at all for the first couple of months. I then placed a note inside our mailbox letting the postal person know Associates In Development, Inc. was also located here. It took some watching – but I think we now have it working. We missed a great deal of mail that was returned to sender.

Thanking you for your consideration, I am,

Sincerely,

  
Robert V. Docherty