2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2001 08:00 AM
Secretary of State

DOCUMENT # **P96000056604**

1. Entity Name
DOTCOOL, INC.

Principal Place of Business	Mailing Address
24850 OLD 41 ROAD, SUITE 27	24850 OLD 41 ROAD, SUITE 27
BONITA SPRINGS FL	BONITA SPRINGS FL
341357024 US	34112 US

2. Principal Place of Business	3. Mailing Address
24850 OLD 41 ROAD, SUITE 23	24850 OLD 41 ROAD, SUITE 23
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BONITA SPRINGS FL	City & State: BONITA SPRINGS FL
Zip: 341357024 Country: US	Zip: 34112 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: **65-0677404** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HOOLEY JOHN F
4532 TAMIAMI TRAIL EAST STE 401
NAPLES FL
34112 US

7. Name and Address of New Registered Agent

Name: HOOLEY JOHN F
Street Address (P.O. Box Number is Not Acceptable): 3227 SOUTH HORSESHOE DRIVE
City: NAPLES FL Zip Code: 34104

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 _____ 01/17/2001
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 $150.00
After MAY 1, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHEPHERD AARON N 24850 OLD US HWY 41 RD STE 27 BONITA SPRINGS FL 341357024	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHEPHERD AARON N 24850 OLD US HWY 41 RD STE 23 BONITA SPRINGS FL 341357024	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOOLEY JOHN F 4532 TAMIAMI TRAIL EAST STE 401 NAPLES FL 34112	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOOLEY JOHN F 3227 SOUTH HORSESHOE DRIVE NAPLES FL 34104	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHEPHERD MARK 24850 OLD US 41 RD STE 27 BONITA SPRINGS FL 341357024	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHEPHERD MARK 24850 OLD US 41 RD STE 23 BONITA SPRINGS FL 341357024	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/00)

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: Mark Shepherd D 01/17/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #