

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000094422

1. Entity Name

DOEMA INVESTMENT CORPORATION

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90269 011 \*\*\*150.00

Principal Place of Business

Mailing Address

622 MIRROR LAKES DR.  
LEHIGH ACRES FL 33936  
US

743 MIRROR LAKES DR  
LEHIGH ACRES FL 33936-9780  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

25 Homestead Rd. N.

25 Homestead Rd. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 11

Suite 1

City & State

City & State

Lehigh Acres, FL

Lehigh Acres, FL

Zip

Zip

Country

Country

33936 USA

33936

USA

4. FEI Number

59-3452982

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

MORGAN, JOHN M  
302 LEE BLVD.  
SUITE 102  
LEHIGH ACRES FL 33936

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

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, 2000 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  
DOERING, ULRICH E  
302 LEE BLVD., SUITE 102  
LEHIGH ACRES FL 33936 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DOERING, CHARLOTTE L  
302 LEE BLVD., SUITE 102  
LEHIGH ACRES FL 33936 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SO  
GOERTZ, HILDEGARD A  
743 MIRROR LAKES DR  
LEHIGH ACRES FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-13-00

941-369 0433

CR2E034 (9/99)