

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000006890

1. Entity Name

THE POET & THE DOVE, INC.

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90096 002 \*\*\*150.00

0578975

Principal Place of Business

LANDRUM ANTIQUE MALL  
221 RUTHERFORD RD  
LANDRUM SC 29356  
US

Mailing Address

81 EAGLE ROCK RD  
LANDRUM SC 29356

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0749286

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

KAPLAN, CHARLOTTE  
10777 W SAMPLE RD  
CORAL SPRINGS FL 33065

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

Signature, type 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 PD  
NAME ILTON, ANN  
STREET ADDRESS 3606 S OCEAN BLVD APT 606  
CITY-ST-ZIP HIGHLAND BCH FL 33487  
☐ Delete  
Address Change

TITLE  
NAME 81 Eagle Rock Rd  
STREET ADDRESS Landrum, SC 29356  
CITY-ST-ZIP  
☒ Change ☐ Addition

TITLE STD  
NAME ILTON, ARIE  
STREET ADDRESS 3606 S OCEAN BLVD APT 606  
CITY-ST-ZIP HIGHLAND BCH FL 33487  
☐ Delete  
Address Change

TITLE  
NAME 81 Eagle Rock Rd  
STREET ADDRESS Landrum S.C. 29356  
CITY-ST-ZIP  
☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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

4/1/2001

Daytime Phone #

864 895 0788

CR2E034 (10/00)