

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90129 028 ***150.00

DOCUMENT # P97000056797

1. Entity Name
DOVE VACATION RENTALS, INC.

Principal Place of Business
**24840 BURNT PINE DRIVE #3
 BONITA SPRINGS FL 34134**

Mailing Address
**P.O. BOX 110489
 NAPLES FL 34108
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9220 Bonita Beach Rd

3. Mailing Address
 Suite, Apt. #, etc.
201

City & State
Bonita Springs, FL.

City & State

4. FEI Number **59-3454346**

Applied For
 Not Applicable

Zip
34135

Country
USA

Zip

Country

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

**AMERILAWYER CHARTERED
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

Name

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

City

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 _____ (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** Delete
 NAME **DOVE, EMIL W**
 STREET ADDRESS **24840 BURNT PINE DRIVE #3**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **PD** Change Addition
 NAME **Emil W. Dove**
 STREET ADDRESS **9220 Bonita Beach Rd #201**
 CITY-ST-ZIP **Bonita Springs, FL 34135**

TITLE **STD** Delete
 NAME **CHRISTENSEN, BETTY J**
 STREET ADDRESS **24840 BURNT PINE DRIVE #3**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **STD** Change Addition
 NAME **Betty J. Christensen**
 STREET ADDRESS **9220 Bonita Beach Rd #201**
 CITY-ST-ZIP **Bonita Springs, FL**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Emil W. Dove*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01 **992-3392**
 Daytime Phone #

CR2E034 (10/00)