

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90309 003 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

10052398

DOCUMENT # P97000058667					
1. Entity Name DOYLE CORPORATION					
Principal Place of Business 5283 EHRLICH RD TAMPA, FL 33624			Mailing Address 5283 EHRLICH RD TAMPA, FL 33624		
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 59-3459854				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMPSON, DORTHA 4104 SANTIAGO ST. TAMPA, FL 33629			7. Name and Address of New Registered Agent Name Tom Shier Street Address (P.O. Box Number is Not Acceptable) 5283 Ehrlich Rd. City Tampa FL Zip Code 33624		
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 <i>Tom Shier</i> (NOTE: Registered Agent's signature required when venturing) DATE					
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. ☐			\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Change ☐ Addition		
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12. 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other life empowered.					
SIGNATURE: <i>Nathan Reichart</i> 3/27/03 DAYTIME PHONE #					