

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000069554

1. Entity Name

DOVETAILS ETCETERA, INC.

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90099 032 \*\*\*150.00

Principal Place of Business

8891 SE ROBWIN ST  
HOBE SOUND FL 33455

Mailing Address

8891 SE ROBWIN ST  
HOBE SOUND FL 33455-5326

2. Principal Place of Business

3. Mailing Address

12926 S.E. SUZANNE DR.  
Suite, Apt. #, etc.

12926 S.E. SUZANNE DR.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
HOBE SOUND FL

City & State  
HOBE SOUND FL

4. FEI Number 59-3460703

Applied For  
Not Applicable

Zip Country  
33455 MARTIN

Zip Country  
33455 MARTIN

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

DEMMONS, ANDREA L  
8605 SE GULSTREAM PLACE  
HOBE SOUND FL 33455

Name WILLIAM J. FROST  
Street Address (P.O. Box Number is Not Acceptable)  
399 S.E. CORK ROAD  
PORT ST. LUCIE, FL  
City PORT ST. LUCIE, FL Zip Code 34984

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 William J. Frost WILLIAM J. FROST - PRESIDENT  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE 4/14/00

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 PD  
NAME DEMMONS, SHELDON J  
STREET ADDRESS 8605 SE GULSTREAM PLACE  
CITY-ST-ZIP HOBE SOUND FL 33455 ☒ Delete

TITLE P.D.  
NAME WILLIAM J. FROST  
STREET ADDRESS 399 S.E. CORK ROAD  
CITY-ST-ZIP PORT ST. LUCIE, FL. 34984 ☒ Change ☐ Addition

TITLE STD  
NAME DEMMONS, ANDREA L  
STREET ADDRESS 8605 SE GULSTREAM PLACE  
CITY-ST-ZIP HOBE SOUND FL 33455 ☒ Delete

TITLE V.T.D.  
NAME JOANNE FROST  
STREET ADDRESS 399 S.E. CORK ROAD  
CITY-ST-ZIP PORT ST. LUCIE FL 34984 ☒ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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: William J. Frost WILLIAM J. FROST - PRES. 4/14/00 561-336-4743  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)