

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000009991

1. Entity Name

DOVE BLUEPRINTING & SERVICES, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90078 022 ***150.00

Principal Place of Business

Mailing Address

904 SW BAYSHORE BLVD
PORT ST LUCIE FL 34983

904 SW BAYSHORE BLVD
PORT ST LUCIE FL 34983-1804

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0803092

Applied For

Not Applicable

Zip

Country

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

JEWELL, JACK D
904 SW BAYSHORE BLVD
PORT ST LUCIE FL 34983

Name

JOHN C. CUTHRELL

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

904 SW BAYSHORE BLVD.

City

PORT ST LUCIE

FL

Zip Code

34983

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

John C. Cuthrell
Signature, typed or printed name of registered agent and title if applicable.

JOHN C. CUTHRELL - PRESIDENT

4-28-00

(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 PD ☒ Delete
NAME JEWELL, JACK D
STREET ADDRESS 904 SW BAYSHORE BLVD
CITY-ST-ZIP PORT ST LUCIE FL 34983

TITLE PDC ☒ Change ☐ Addition
NAME JOHN C. CUTHRELL
STREET ADDRESS 904 BAYSHORE BLVD.
CITY-ST-ZIP PORT ST LUCIE, FL 34983

TITLE D ☐ Delete
NAME CUTHRELL, JOHN C
STREET ADDRESS 904 SW BAYSHORE BLVD
CITY-ST-ZIP PORT ST LUCIE FL 34983

TITLE VTSD ☒ Change ☐ Addition
NAME GAYLENE A. CUTHRELL
STREET ADDRESS 904 SW BAYSHORE BLVD
CITY-ST-ZIP PORT ST LUCIE, FL 34983

TITLE D ☐ Delete
NAME CUTHRELL, GAYLENE A
STREET ADDRESS 904 SW BAYSHORE BLVD
CITY-ST-ZIP PORT ST LUCIE FL 34983

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:

John C. Cuthrell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN C. CUTHRELL 4-28-00

Date

561-871-1665
Daytime Phone #

CR2E034 (9/99)