

# 2002 UNIFORM BUSINESS REPORT (UBR)

0109195 AV

DOCUMENT # **P98000009991**

1. Entity Name

**DOVE BLUEPRINTING & SERVICES, INC.**

FILED

02 SEP 12 AM 8:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>904 SW BAYSHORE BLVD PORT ST LUCIE FL 34983</b>	Mailing Address <b>904 SW BAYSHORE BLVD PORT ST LUCIE FL 34983</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number <b>65-0803092</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**CUTHRELL, JOHN C**  
**904 SW BAYSHORE BLVD**  
**PORT ST LUCIE FL 34983**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDC</b> <b>CUTHRELL, JOHN C</b> <b>904 SW BAYSHORE BLVD</b> <b>PORT ST LUCIE FL 34983</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTSD</b> <b>CUTHRELL, GAYLENE A</b> <b>904 SW BAYSHORE BLVD</b> <b>PORT ST LUCIE FL 34983</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>700007806797--5</b> <b>-09/17/02--01065--003</b> <b>****150.00 ****150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Gaylene A. Cuthrell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-26-02 772-871-1665  
Date Daytime Phone #

CR2E034 (4/02)

SEPT 4, 2002

TO WHOM IT MAY CONCERN,

I am hereby requesting, pleading for a waiver on the \$400 late fee.

I had major surgery on Jan 8th thru 11th, 2002 with a 9 week recovery. Aprox. mid March I returned to the office on a part time work basis for the next 3 weeks. As I continued to have further ongoing health/medical issues that kept me out another two weeks in May, not to mention the time off to and from the doctors for tests and followups that incurred.

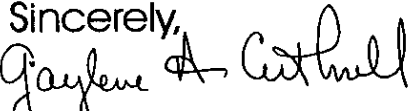
Being a small business I had so much to catch up on and currently found the report. I originally emailed a note on Aug 26th to [www.sunbiz.org](http://www.sunbiz.org) and followed up with a phone call since I had no reply so today 9-4-2002 @1:30 I called and spoke to a Christine. She directed me to mail the original corp. fees of \$150.00 plus a written letter with the report.. She ensured me that my corporation would not be dissolved or revoked while under this consideration.

So I plead my situation to you for a waiver.

Upon request I can ask my doctor/s for a letter. But I have included a few copies of bills to show the dates and validity ect...

I sincerely Thank You for this consideration. Enclosed is my UBR report and check.

Sincerely,

  
Gaylene A. Cuthrell

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904 SW BAYSHORE BLVD.  
PORT ST LUCIE, FL. 34983

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