

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000030080

1. Entity Name

DOVE TECHNOLOGIES, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90090 033 ***150.00

Principal Place of Business

Mailing Address

15837 MAPLE
OVERLAND PARK KS 66223
US

PO BOX 12088
OVERLAND PARK KS 91066-1178
US

2. Principal Place of Business

2830 HIGHRISE ROAD

3. Mailing Address

PO BOX 661178

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LA CRESCENTA, CA

City & State

ARCADIA, CA

4. FEI Number

59-3499430

Applied For

Not Applicable

Zip

91214

Country

USA

Zip

91066

Country

USA

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TREUHAFT, JOEL S
2823 WITLEY AVE
PALM HARBOR FL 34685

7. Name and Address of New Registered Agent

Name

TREUHAFT, JOEL S

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

5700 MEMORIAL HIGHWAY, SUITE 105

City

TAMPA

FL

Zip Code

33615

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

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

(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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PTSD
WOODS, KENNETH
15837 MAPLE
OVERLAND PARK KS 66223

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PTSD
WOODS, KENNETH
2830 HIGHRISE ROAD
LA CRESCENTA CA 91214

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)