2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P98000046371 **DOCUMENT #**



Apr 07, 2003 8:00 am 8 Secretary of State

DOVE BUILDERS OF CENTRAL FLORIDA, INC.								04-07-2003 90222 046 ***150.00					
Principal Plac 108 LAKE MIN SANFORD FL	nnie drive	SS	108 L	Mailing Address 108 LAKE MINNIE DRIVE SANFORD FL 32773									
2. Principal F	Place of Busi	ness	3. Mai	3. Mailing Address									
Suite, Apt	. #, etc.		Suit	Suite, Apt. #, etc.					☐ CHECK HERE IF M	IAKING CH	IĄNGES		
City & Stat	te	<u> </u>	City	City & State				4. FE	29°32/000			plied For of Applicable	<u></u>
Zip Country			Zip	Zip Co		ountry5		_5C	5Certificate of Status Desired \$8.		.75 Additional		
	6. Name	and Address	of Current Registere	egistered Agent		7. Name and Address of New Registered Agent						1	
CASON, T			Name			•]			
	MINNIE DE	,					ddress (P	O. Box	Number is Not Acceptable)				1
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SANFORD	FL 32773	+work											
		74				City				FL Zip Code]
		y submits this si tered agent?	tatement for the purp	ose of changing its	registere	d office or	registere	d ager	nt, or both, in the State of Florida.	I am fami	liar with,	and accept	1
;		, Š									1		
SIGRATURE,	Signature, typed	or printed name of re	gistered agent and title if app	licable. (NOTE	E: Registered	Agent signatu	re required w	vhen reins	stating)	DATE	 	····	
Afte	r May 1, 200	!! FEE IS \$1: 03 Fee will be o Florida Depa		of State					Election Campaign Financi Trust Fund Contribution.	ng		O May Be to Fees	
10.		OFFIC	CERS AND DIRECTO	RS	11.			ADD	ITIONS/CHANGES TO OFFICER	S AND DIF	RECTORS	S IN 11	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP		HOMAS R MINNIE DR	\$. \$.	☐ Delete		T ADDRESS ST-ZIP					Change	Addition	100,000
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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 607, 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 like empowered.

WARRENCES FERETHOMAS R. CASON SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407416-2534

Daytime Phone #