

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000073993

1. Entity Name

BLACK DOVE, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90120 026 ***150.00

Principal Place of Business

5100 N TAMIAIM TR
#201
NAPLES FL 34103
US

Mailing Address

5100 N TAMIAIM TR
#201
NAPLES FL 34103-2810
US

2. Principal Place of Business

4910 Tamiami Trail N.

Suite, Apt. #, etc.

Suite 210

City & State

Naples, Florida

Zip

34103

Country

US

3. Mailing Address

4910 Tamiami Trail N.

Suite, Apt. #, etc.

Suite 210

City & State

Naples, Florida

Zip

34103

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3528841

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SZEMPRUCH, DAVID J
5100 TAMIAIM TRAIL NORTH
SUITE 201
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

Same

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

4910 Tamiami Trail N., Suite 210

City

Naples

FL

Zip Code

34103

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

4-18-00

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

TITLE PD
NAME GNIESER, HILTRUD
STREET ADDRESS 5100 N TAMIAIM TR #201
CITY-ST-ZIP NAPLES FL 34103 ☐ Delete

TITLE VP
NAME SWART, GERALD
STREET ADDRESS 5100 N TAMIAIM TR #201
CITY-ST-ZIP NAPLES FL 34103 ☒ Delete

TITLE ST
NAME SWART, URSULA
STREET ADDRESS 5100 N TAMIAIM TR #201
CITY-ST-ZIP NAPLES FL 34103 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME Hiltrud Gnieser
STREET ADDRESS 4910 Tamiami Trail N., Suite 210
CITY-ST-ZIP Naples, Florida 34103 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hiltrud Gnieser

Date

Daytime Phone #

4/27/00 941-649-4545

CR2E034 (9/99)