

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 06, 2001 8:00 am
Secretary of State

07-06-2001 90200 011 ***150.00

DOCUMENT # 198000075580

1. Entity Name

DOCKINGRAY.COM CORPORATION

Principal Place of Business
 800 SOUTH NOVA RD.
 SUITE C
 ORMOND BEACH, FL 32174

Mailing Address

SAME

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

80059591

6. Name and Address of Current Registered Agent

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.

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, 2001 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 **P/D** **GARY H. NEELY** ☐ Delete
 NAME
 STREET ADDRESS **800 SOUTH NOVA RD.**
 CITY-ST-ZIP **SUITE C ORMOND BEACH, FL 32174**

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

TITLE **D** **HELEN O. GLOAN** ☐ Delete
 NAME
 STREET ADDRESS **800 SOUTH NOVA RD.**
 CITY-ST-ZIP **SUITE C ORMOND BEACH, FL 32174**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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 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: **X**

[Signature]

[Signature]

(386) 673-9121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

Attachment
D#P98000075580
B0059591

DOCKINBAY. COM CORPORATION
800 South Nova Road, Suite C
Ormond Beach, Florida 32174
(386) 673-9121 ext. 113

June 27, 2001

Secretary of State
Corporations Division
P. O. Box 6327
Tallahassee, Florida 32314

Gentlemen:

Per instructions from your offices I am submitting the enclosed Uniform Business Report and filing fee of \$150.00 together with this letter of explanation. The form submitted was obtained from your internet site as the original preprinted form was never delivered.

According to your records, the office of the corporation is listed at 800 South Nova Road, Suite C, Ormond Beach, Florida. We have made an exhaustive search and have not located the preprinted form and presume it was either delivered to the wrong suite and or returned the forms to your offices as insufficient address. From my discussions with your offices, I am given to understand that the late filing penalty will be waived based upon the forms having been returned by the post office..

Than you for your assistance and co-operation in this mater.

Sincerely yours,



Gary H. Neely