

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90972 007 \*\*\*150.00

**DOCUMENT # P98000083402**

1. Entity Name  
**AUCTION, INC.**

Principal Place of Business

**2573 WILLARD ST.  
FT. MYERS FL 33902**

Mailing Address

**11930 FAIRWAY LAKES DRIVE  
STE 2  
FORT MYERS FL 33913**

2. Principal Place of Business

**2573 Willard Street**  
Suite, Apt. #, etc.

3. Mailing Address

**11930 Fairway Lakes Dr**  
Suite, Apt. #, etc.  
**Suite #2**

City & State  
**Ft. Myers FL**

City & State  
**Ft. Myers FL**

4. FEI Number **65-0873338**

Applied For  
Not Applicable

Zip  
**33902**

Country  
**USA**

Zip  
**33913**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DOCKERY, SAMUEL E  
11930 FAIRWAY LAKES DR  
STE #2  
FORT MYERS FL 33913**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD  
DOCKERY, SAMUEL E  
11930 FAIRWAY LAKES DRIVE  
FORT MYERS FL 33913** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
Dockery, Samuel E.  
11930 Fairway Lakes Dr  
Ft. Myers FL 33913** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPSTD  
Dockery, Pamela Reitz  
11930 Fairway Lakes Dr  
Ft Myers FL 33913** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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STREET ADDRESS  
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☐ Change ☐ Addition

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CITY-ST-ZIP  
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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 another like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Samuel E, Dockery**

**04/25/01**

Date

**941-332-1155**

Daytime Phone #

CR2E034 (10/00)