

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90765 001 ***750.00

DOCUMENT # P98000104907

1. Entity Name

D.O.K., INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1901 SE 18th Avenue

3. Mailing Address
1901 SE 18th Avenue

Suite, Apt. #, etc.
Bldg. 101

Suite, Apt. #, etc.
Bldg. 101

City & State
Ocala, Florida

City & State
Ocala, Florida

Zip
34471

Country
USA

Zip
34471

Country
USA

4. FEI Number
65-0898695

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **R. William Futch**

Street Address (P.O. Box Number is Not Acceptable)
610 SE 17th Street

City **Ocala, Florida** **FL** Zip Code **34471**

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	D Kaplan, Barry J. 1105 SW 1st Avenue Ocala, FL 34471	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President 1901 SE 18th Avenue Bldg. 101 Ocala, FL 34471
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DiSclafani, Antonio 1105 SW 1st Avenue Ocala, FL 34471	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President 1901 SE 18th Avenue Bldg 101 Ocala, FL 34471
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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 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 a receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 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 #

CR2E034B (12/01)