

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90107 035 ***150.00

DOCUMENT # P99000007982

1. Entity Name
DOVEHOST, INC.

Principal Place of Business
501 N MAGNOLIA AVE STE 35
ORLANDO FL 32801

Mailing Address
501 N MAGNOLIA AVE STE 35
ORLANDO FL 32801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

669 Silver Birch Pl.

Suite, Apt. #, etc.

669 Silver Birch Place

City & State

Longwood, FL

City & State

Longwood, FL

Zip

32750

Country

USA

Zip

32750

Country

USA

4. FEI Number

59-3534142

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FALCIGLIA, MICHAEL
669 SILVER RANCH PL.
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

Name **Michael Falciglia**

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

669 Silver Birch Pl.

City

Longwood

FL

Zip Code

32750

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

Michael Falciglia **Michael Falciglia, President**

4/08/02

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, 2002 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 **V** ☐ Delete
 NAME **SEYB, LAWRENCE**
 STREET ADDRESS **68 CHENEY PL, STE 2**
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **V** ☒ Change ☐ Addition
 NAME **SEYB, LAWRENCE**
 STREET ADDRESS **Box 900**
 CITY-ST-ZIP **Johnson, KS 67855**

TITLE **M** ☒ Delete
 NAME **COX, MARVIN**
 STREET ADDRESS **1424 ARROWSMITH AVE**
 CITY-ST-ZIP **ORLANDO FL 32809**

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

TITLE **M** ☐ Delete
 NAME **WADE, RICHARD**
 STREET ADDRESS **669 SILVER BIRCH PL**
 CITY-ST-ZIP **LONGWOOD FL 32750**

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

TITLE **P** ☐ Delete
 NAME **FALCIGLIA, MICHAEL**
 STREET ADDRESS **669 SILVER BIRCH PL**
 CITY-ST-ZIP **LONGWOOD FL 32750**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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:

Laurence V Seyb **Laurence V Seyb, VP**

4/08/02 **620-492-2286**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)