

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Aug 17, 2000 8:00 am
Secretary of State

04-26-2000 90140 036 ***150.00

DOCUMENT # P99000044167

1. Entity Name

DOBBS ROAD PROPERTIES, INC.

R

Principal Place of Business

Mailing Address

2645 DOBBS RD.
 ST. AUGUSTINE FL 32086

2645 DOBBS RD.
 ST. AUGUSTINE FL 32086-5260

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 3545
NA

City & State

City & State

St. Augustine Florida

4. FEI Number

59-3638849

Applied For

Not Applicable

Zip

Country

Zip

Country

32085 U.S.A

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARSONS, MARK E ESQ.
3149 N. PONCE DE LEON BLVD., STE. 9
ST. AUGUSTINE FL 32095

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---------------------------------|---|---|
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | | NAME STREET ADDRESS CITY-ST-ZIP | |
| D SIMS, TOBY L 2645 DOBBS RD. ST. AUGUSTINE FL 32086 | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | | NAME STREET ADDRESS CITY-ST-ZIP | |
| D ESTES, MOREAU P P.O. BOX 3545 ST. AUGUSTINE FL 32085 | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 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 title empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/00
 Date

904-826-4074
 Daytime Phone #

[Signature]

7/28/00 →

CR2E034 (9/99)