

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2001 8:00 am
Secretary of State

0101871 AV

DOCUMENT # **P99000049252**

Entity Name
J J DOLE, INC.

09-05-2001 90008 049 ***150.00

Principal Place of Business
9897 GULF BLVD.
TREASURE ISLAND FL 33706

Mailing Address
200 GRAND BLVD
TARPON SPRINGS FL 34689



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
200 GRAND Blvd

3. Mailing Address
AS ABOVE

Suite, Apt. #, etc.
TARPON SPRINGS

Suite, Apt. #, etc.

City & State
FL 34689

City & State

4. FEI Number **59-3579767**

Applied For
 Not Applicable

Zip
34689

Country

Zip

Country

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

DOLEZAL, VERA
9897 GULF BLVD.
TREASURE ISLAND FL 33706

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 *Vera Dolezal* *[Signature]* **8/27/2001**
 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 Delete
 NAME **D DOLEZAL, VERA**
 STREET ADDRESS **9897 GULF BLVD.**
 CITY-ST-ZIP **TREASURE ISLAND FL 33706**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D DOLEZAL, JOSEF**
 STREET ADDRESS **9897 GULF BLVD.**
 CITY-ST-ZIP **TREASURE ISLAND FL 33706**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **M BRONISLAVA, SVARCOVA**
 STREET ADDRESS **200 GRAND BLVD**
 CITY-ST-ZIP **TARPON SPRINGS FL 34689**

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

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TITLE Change Addition
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 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: *[Signature]* **8/27/2001** **727 9344745**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)