

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90102 019 \*\*\*150.00

**DOCUMENT # S69812**

1. Entity Name  
**DOLIBER SKEFFINGTON, INC.**



Principal Place of Business  
**8324 REDNOCK LN**  
**MIAMI LAKES FL 33016**

Mailing Address  
**8324 REDNOCK LN**  
**MIAMI LAKES FL 33016**



2. Principal Place of Business  
**1634 N.E. 7th COURT**  
Suite, Apt. #, etc.  
**FT. LAUDERDALE**  
City & State

3. Mailing Address  
**1634 N.E. 7th COURT**  
Suite, Apt. #, etc.  
**FT. LAUDERDALE**  
City & State

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **04-2763870**

Applied For  
Not Applicable

Zip  
**33304**

Country  
**U.S.A.**

Zip  
**33304**

Country  
**U.S.A.**

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

**6. Name and Address of Current Registered Agent**

**DOLIBER, BRADLEY L.**  
**8324 REDNOCK LN**  
**MIAMI LAKES FL 33016**

**7. Name and Address of New Registered Agent**

Name  
**DOLIBER, BRADLEY L.**  
Street Address (P.O. Box Number is Not Acceptable)  
**1634 N.E. 7th Ct.**  
City  
**FT. LAUDERDALE** FL Zip Code  
**33304**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **BRADLEY L. DOLIBER**

**01-31-03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DOLIBER, BRADLEY</b> <b>8324 REDNOCK LN</b> <b>MIAMI LAKES FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SKEFFINGTON, MARILYN E</b> <b>8324 REDNOCK LN</b> <b>MIAMI LAKES FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1635 N.E. 7th STREET</b> <b>FT. LAUDERDALE, FL 33304</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1635 N.E. 7th STREET</b> <b>FT. LAUDERDALE, FL 33304</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED: BRADLEY DOLIBER**

**01-31-02 30584-8252**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)