

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90067 032 \*\*\*150.00

**DOCUMENT # S87974**

1. Entity Name  
**DOUGHERTY MARINE, INC.**

Principal Place of Business <b>167 BELL AVE          OAK HILL FL 32759          US</b>	Mailing Address <b>167 BELL AVE          OAK BELL FL 32759          US</b>
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2. Principal Place of Business <b>544 Air Park Rd</b>	3. Mailing Address <b>544 Air Park Rd.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Edgewater FL</b>	City & State <b>Edgewater FL</b>
Zip <b>32132</b>	Zip <b>32132</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>59-3092768</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**DOUGHERTY, ROBERT J  
 167 BELL AVE  
 OAK HILL FL 32759**

7. Name and Address of New Registered Agent  
 Name: **Robert J. Dougherty**  
 Street Address (P.O. Box Number is Not Acceptable): **544 Air Park Rd.**  
 City: **Edgewater FL** Zip Code: **32132**

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 \_\_\_\_\_ (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, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD DOUGHERTY, ROBERT J 167 BELL AVE OAK HILL FL 32759</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V DOUGHERTY, STEPHEN 167 BELL AVE OAK HILL FL 32759</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T DOUGHERTY, BARBARA C 167 BELL AVE OAK HILL FL 32759</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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Robert Dougherty 544 Air Park Rd. Edgewater FL 32132</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V Stephen Dougherty 544 Air Park Rd. Edgewater FL 32132</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T Barbara Dougherty 544 Air Park Rd. Edgewater FL 32132</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

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: Stephen Dougherty 1/31/01 (904) 409-2202  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

12/01/01

CR2E034 (10/00)