

# 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

167 BELL AVE  
OAK HILL FL 32759  
US

Mailing Address

167 BELL AVE  
OAK HILL FL 32759  
US

2. Principal Place of Business

544 Air Park Rd

3. Mailing Address

544 Air Park Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Edgewater FL

City & State

Edgewater FL

Zip

32132

Country

USA

Zip

32132

Country

USA

4. FEI Number 59-3092768

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Dougherty	
STREET ADDRESS	544 Air Park Rd.	
CITY-ST-ZIP	Edgewater FL 32132	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stephen Dougherty	
STREET ADDRESS	544 Air Park Rd.	
CITY-ST-ZIP	Edgewater FL 32132	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barbara Dougherty	
STREET ADDRESS	544 Air Park Rd.	
CITY-ST-ZIP	Edgewater FL 32132	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)