

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90097 019 ***150.00

DOCUMENT # J57108

1. Entity Name

DON'S DOCK, INC.

Principal Place of Business

Mailing Address

**215 128TH AVE EAST
 MADEIRA BEACH FL 33708**

**215 128TH AVE EAST
 MADEIRA BEACH FL 33708**

LUU40404

2. Principal Place of Business

3. Mailing Address

215 BOARDWALK P.L.C.E.
 Suite, Apt. #, etc.

215 BOARDWALK P.L.C.E.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

MADEIRA BEACH FLA.

MADEIRA BEACH FLA.

4. FEI Number

59-3466688

Applied For

Not Applicable

Zip

Country

Zip

Country

33708

33708

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

**BEGGS, DONALD III
 6511 DARTMOUTH AVENUE N.
 ST. PETE FL 33710**

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 \$350.00

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 **PT** Delete
 NAME **BEGGS, DONALD III**
 STREET ADDRESS **6511 DARTMOUTH AVE N**
 CITY-ST-ZIP **ST. PETE FL 33710**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **BEGGS, KERRY S**
 STREET ADDRESS **6511 DARTMOUTH AVE N**
 CITY-ST-ZIP **ST. PETE FL 33710**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **KEIKES, WILLIAM**
 STREET ADDRESS **31242 SOARING HAWK LN**
 CITY-ST-ZIP **SORRENTO FL 32776**

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

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 an otherwise empowered.

SIGNATURE:

Donald III Beggs
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)