

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90505 001 ***300.00

DOCUMENT # **[REDACTED]** P99000012122 (per

1. Entity Name

[REDACTED] Big Dog During Range Inc

Principal Place of Business

Mailing Address

~~2306 E CENTRAL BLVD~~
~~ORLANDO FL 32803~~

2306 E CENTRAL BLVD
 ORLANDO FL 32803

6933 Curry Ford Rd
Orlando, Florida

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1818182

Applied For

Not Applicable

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

GERARD, HELEN A
2306 E CENTRAL BLVD
ORLANDO FL 32803

Charles Mixer
11646 Hillcrest St
Orlando FL
32803

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.

(OTE: 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **GERARD, HELEN A. Claude Gerard**
 STREET ADDRESS **2306 E. CENTRAL BLVD**
 CITY-ST-ZIP **ORLANDO FL**

TITLE **VPO** ☐ Delete
 NAME **Charles Mixer**
 STREET ADDRESS **11646 Hillcrest St**
 CITY-ST-ZIP **Orlando, FL 32803**

TITLE **STD** ☐ Delete
 NAME **Helen Gerard**
 STREET ADDRESS **2306 E Central**
 CITY-ST-ZIP **Orlando, FL 32803**

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-898-7207