## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Feb 26, 2002 8:00 am Secretary of State 681610 DOCUMENT # 1. Entity Name WALK-A-DOG, INC. 02-26-2002 90136 039 \*\*\*150.00 Principal Place of Business Mailing Address 1010 N SWALLOWTAIL DR 1010 N SWALLOW TAIL DR DUUDAAIA **APT 1806** APT 1806 PORT ORANGE FL 32119 PORT ORANGE FL 32119 US US 2. Principal Place of Business 3. Mailing Address 3658 GOLD NUGGET CT 3658 GOLD NUGGET CT Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2132654 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired ~-32129- --32129 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CAMPBELL, RANDALL Street Address (P.O. Box Number is Not Acceptable) 1010 N SWALLOWTAIL DR APT 1806 <u>3658 GOLD NUGGET CT</u> PORT ORANGE FL 32119 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITI F ☐ Delete Change ☐ Addition CAMPBELL, RANDALL W. NAME NAME 1010 N SWALLOWTAIL DR DR #1806 STREET ADD-ÉSS STREET ADDRESS 3658 GOLD NUGGET CT PORT ORANGE FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Chânge ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 receiper 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.

Daytime Phone #