

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J56415

1. Entity Name  
**DAPPER DOGS, INC.**

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90224 046 \*\*\*150.00

Principal Place of Business

**124 BASS ST  
TALLAHASSEE FL 32301**

Mailing Address

**124 BASS ST  
TALLAHASSEE FL 32301**

2. Principal Place of Business

**1017 GREEN HILL TRACE**

3. Mailing Address

**1017 GREEN HILL TRACE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2774735**

Applied For

Not Applicable

Zip

**32311**

Country

Zip

**32311**

Country

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

**MITCHELL, HARRY H.  
103 NORTH GADSDEN STREET  
TALLAHASSEE FL 32301**

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, 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 ☐ Delete  
NAME **PD GRADY, BEVERLY MOORE**  
STREET ADDRESS **3110 JIM LEE ROAD**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1017 GREEN HILL TRACE**  
CITY-ST-ZIP **32311**

TITLE ☐ Delete  
NAME **STD GRADY, RICHARD WAYNE**  
STREET ADDRESS **3110 JIM LEE ROAD**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1017 GREEN HILL TRACE**  
CITY-ST-ZIP **32311**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
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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:

*Beverly Grady*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4.30.01**

Date

**850 656 6069**

Daytime Phone #

CR2E034 (10/00)