

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J57108

1. Entity Name

DON'S DOCK, INC.

Principal Place of Business

215 128TH AVE EAST  
MADEIRA BEACH FL 33708

Mailing Address

215 128TH AVE EAST  
MADEIRA BEACH FL 33708

2. Principal Place of Business

215 BOARDWALK PLCE  
Suite, Apt. #, etc.

3. Mailing Address

215 BOARDWALK PLCE  
Suite, Apt. #, etc.

City & State

MADEIRA BEACH FLA  
Zip 33708 Country

City & State

MADEIRA BEACH FLA  
Zip 33708 Country

4. FEI Number

59-3466688

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE	PT	<input type="checkbox"/> Delete
NAME	BEGGS, DONALD III	
STREET ADDRESS	6511 DARTMOUTH AVE N	
CITY-ST-ZIP	ST. PETE FL 33710	
TITLE	S	<input type="checkbox"/> Delete
NAME	BEGGS, KERRY S	
STREET ADDRESS	6511 DARTMOUTH AVE N	
CITY-ST-ZIP	ST. PETE FL 33710	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEIKES, WILLIAM	
STREET ADDRESS	31242 SOARING HAWK LN	
CITY-ST-ZIP	SORRENTO FL 32776	
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		<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
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

03-20-2000 90097 019 \*\*\*150.00

LUU40404



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)