

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90039 006 ***150.00

0042102 AV

DOCUMENT # K10578

1. Entity Name

DALE'S DOUGHNUT CORP.

Principal Place of Business

% STEVEN DALE SMITH
1444 W. TENNESSEE ST.
TALLAHASSEE FL 32304

Mailing Address

% STEVEN DALE SMITH
1444 W. TENNESSEE ST.
TALLAHASSEE FL 32304

B0052895



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2862622

Applied For

Not Applicable

Zip

Country

Zip

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

SMITH, STEVEN DALE
1444 W. TENNESSEE ST.
TALLAHASSEE FL 32304

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, 2002 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 **P** ☐ Delete
NAME **SMITH, STEVEN DALE**
STREET ADDRESS **1444 W. TENNESSEE ST.**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☒ Change ☐ Addition
NAME **2590 North Monroe St**
STREET ADDRESS **Tallahassee, FL 32303**
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **SMITH, CONNIE S**
STREET ADDRESS **1444 W TENNESSEE ST**
CITY-ST-ZIP **TALL FL 32304**

TITLE ☒ Change ☐ Addition
NAME **2590 North Monroe Street**
STREET ADDRESS **Tallahassee, FL 32303**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **VP -**
NAME **Christopher D. Smith**
STREET ADDRESS **2590 North Monroe Street**
CITY-ST-ZIP **Tallahassee, FL 32303**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 all other like empowered.

SIGNATURE:

Steven D. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-02 **850-385-6038**

Date

Daytime Phone #

CR2E034 (9/01)