

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K67593

1. Entity Name

SQUIRRELLY, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90120 020 ***158.75

Principal Place of Business

Mailing Address

1448 HWY 301 BLVD E
 SARASOTA FL 34201

C/O JONATHAN E. HAUSBURG, ESQUIRE
 4011 NELSON AVE
 SARASOTA FL 34231-8642

2. Principal Place of Business

6065 12th St. East

3. Mailing Address

P.O. Box 1548

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bradenton, FL

City & State

Tallerast, FL

Zip

Country

34203

Zip

34270

Country

4. FEI Number

65-0116988

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

HAUSBURG, JONATHAN E. ESQUIRE
 3104 NORTH TAMiami TRAIL
 SARASOTA FL 34234

Name

Dollie D. Williams

Street Address (P.O. Box Number is Not Acceptable)

4011 Nelson Ave.

City

Sarasota

FL

Zip Code

34231

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

Dollie D. Williams President

4/24/00

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 \$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	<input type="checkbox"/> Delete
NAME	WILLIAMS, DOLLIE D.	
STREET ADDRESS	5107 N. SHADE AVE.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SUSAN D. BOLITSHI	
STREET ADDRESS	801 N. LOCKWOOD RD.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DOLLIE D. WILLIAMS	
STREET ADDRESS	5107 N. SHADE AVE.	
CITY-ST-ZIP	SARASOTA FL	
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		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dollie Williams	
STREET ADDRESS	4011 Nelson Ave.	
CITY-ST-ZIP	SARASOTA, FL. 34231	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William S. Oene	
STREET ADDRESS	4011 Nelson Ave.	
CITY-ST-ZIP	SARASOTA, FL. 34231	
TITLE		<input type="checkbox"/> Change <input checked="" 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
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:

Dollie D. Williams President

4/24/00

Date

941-727-2886

Daytime Phone #

CR2E034 (9/99)