

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K97029**

1. Entity Name
DOLLARS & SENSE BOOKKEEPING, INC.

Principal Place of Business

**2365 NE 185 ST
MIAMI FL 33180
US**

Mailing Address

**PO BOX 630726
MIAMI FL 33163-0726
US**

2. Principal Place of Business

8311 NE 110 ST

Suite, Apt. #, etc.

3. Mailing Address

8311 NE 110 ST

Suite, Apt. #, etc.

City & State

BRONSON, FLA

Zip **32621**

Country **LEVY**

City & State

BRONSON, FLA

Zip **32621**

Country **LEVY**

FILED
Jul 02, 2002 8:00 am
Secretary of State

07-02-2002 90816 016 ***158.75

80126935



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0131150**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BREEDLOVE, AREANNE L
1145 101 ST
#3
BAY HARBOR FL**

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, 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

TITLE **PTD**
NAME **WOOTEN, CATHERINE JOYCE** ☐ Delete
STREET ADDRESS **2365 NE 185 ST**
CITY-ST-ZIP **MIAMI FL 33180**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **8311 NE 110th ST**
CITY-ST-ZIP **BRONSON, FL 32621**

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

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

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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:

CATHERINE WOOTEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-29-02

Date

352-213-7071
Daytime Phone If

CR2E034 (9/01)