

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004892

1. Entity Name
SNOOP DOGZ, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 13 AM 10:02

Principal Place of Business

232 SARASOTA QUAY
SARASOTA FL 34236

Mailing Address

232 SARASOTA QUAY
SARASOTA FL 34236

2. Principal Place of Business

541 SPRING CLUB DR

3. Mailing Address

541 SPRING CLUB DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ALTAMONTE SPRINGS FL

City & State

ALTAMONTE SPRINGS, FL

4. FEI Number

65-0947724

Applied For

Not Applicable

Zip

32714

Country

US

Zip

32714

Country

US

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARKER, THEODORE

2033 MAIN STREET, STE 106
SARASOTA FL 34237

7. Name and Address of New Registered Agent

Name BART T KOFOED

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

541 SPRING CLUB DRIVE

City ALTAMONTE SPRINGS

FL

Zip Code

32714

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 BART T KOFOED

Signature, typed or printed name of registered agent and title if applicable.

(Notarized Registered Agent Signature Required When Changing)

9/10/00
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOFOED, BART T 230 SARASOTA QUAY SARASOTA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
541 SPRING CLUB DRIVE ALTAMONTE SPRING	
100003399401--2 -09/20/00--01062--014 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

BART T. KOFOED

Date

Daytime Phone #

CR2E083 (5/00)