## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: 5

## **FILED DOCUMENT # M70216** May 08, 2000 8:00 am Secretary of State DOUG & CARMEN'S, INC. 05-08-2000 90212 006 \*\*\*150.00 Mailing Address Principal Place of Business 1911 U.S. HIGHWAY 301 NORTH. #190 1911 U.S. HIGHWAY 301 NORTH. #190 TAMPA FL 33619-2659 TAMPA FL 33619 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-2878779 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7.- Name and Address of New Registered Agent GOLD, AARON J. Street Address (P.O. Box Number is Not Acceptable) GOLD, RESNICK, & SEGALL, P.A. 703 SWANN AVENUE **TAMPA FL 33606** Zip Code FL 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 (NOTE: Registered Agent signatura required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE KINGSLEY, CARMEN NAME STREET ADDRESS **4218 SAN JUAN STREET** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33629-7702 ☐ Addition ☐ Change ☐ Delete TITI F TITLE KINGSLEY, DOUGLAS NAME NAME STREET ADDRESS STREET ADDRESS **4218 SAN JUAN STREET** CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33629-7702 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.