

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M79537

1. Entity Name
DO-EM COMPANY, INC.

Principal Place of Business
4181 114 TERRACE N.
CLEARWATER FL 33762

Mailing Address
4181 114 TERRACE N.
CLEARWATER FL 33762

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2891721

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

MIGLIORELLI, JOHN R.
4181 114TH TERRACE N.
CLEARWATER FL 33762

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MIGLIORELLI, JOHN R.
14820 RUE DE BAYONNE #603
CLEARWATER FL 33762 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Aug 22, 2000 8:00 am
Secretary of State

08-22-2000 90236 021 ***150.00

A0074020



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)

Attachment # 1179537
A0074020

PRINTING IMPRESSIONS

4181-114th Terrace North
Clearwater, Florida 33762
Phone (727) 573-3339
Fax (727) 573-5999
Email: printimp@aol.com

Florida Dept. of State

08/14/00

Uniform Business Report
Division Of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

Re: UBR for DO. EM Company, Inc.
4181 114th Terrace N.
Clearwater, Fl 33762

Dear Sir,

We have received your second notice for the UBR report, however we never received the first mailing. If you check our report history, you will notice we have never been late in the 12 years of filling.

I sincerely hope that you will take my unblemished reporting history into consideration, and accept the initial fee, enclosed.

Thanking you in advance, I remain.

Sincerely Your,


John Migliorelli

