

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000003454

Entity Name: DOOKIE'S HOUSE, INC.

FILED
May 13, 2003
Secretary of State

Current Principal Place of Business:

1312 EMERALD AVE.
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

1312 EMERALD AVE.
SEBRING, FL 33870

New Mailing Address:

FEI Number: 41-2038569

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELMORE, PATRICK W
1312 EMERALD AVE.
SEBRING, FL 33870

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D () Change (X) Addition
Name: ELMORE, PATRICK W MR.
Address: 1312 EMERALD AVE.
City-St-Zip: SEBRING, FL 33870

Title: T/D () Change (X) Addition
Name: ELMORE, CAROLYN L MRS.
Address: 1312 EMERALD AVE.
City-St-Zip: SEBRING, FL 33870

Title: S/D () Change (X) Addition
Name: KRAHNER, NOREEN J MS.
Address: 683 TUSCORA DR.
City-St-Zip: WINTER SPRINGS, FL 32708

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICK W. ELMORE

P/D

05/13/2003

Electronic Signature of Signing Officer or Director

Date