

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000000241

1. Entity Name
DOLLAR PLUS OUTLET, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90227 043 ***150.00

Principal Place of Business

471 BAYSHORE RD.
NOKOMIS FL 34275

Mailing Address

471 BAYSHORE RD.
NOKOMIS FL 34275

00050258



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1095 B Tamiami Tr. N.

3. Mailing Address

1095 B Tamiami Tr. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Nokomis, FL

City & State

Nokomis, FL

4. FEI Number 65-0974088

Applied For

Not Applicable

Zip

Country

34275 USA

Zip

Country

34275 USA

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

KANAAN, MARGARET A
471 BAYSHORE RD.
NOKOMIS FL 34275

Name Margaret A. Kanaan

Street Address (P.O. Box Number is Not Acceptable)
1095 B Tamiami Tr. N.

City Nokomis FL Zip Code 34275

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

Margaret A. Kanaan

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME Khatib, Samir
STREET ADDRESS 212 BAYSIDE DR.
CITY-ST-ZIP VENICE FL 34237 ☒ Delete

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

TITLE VS
NAME KANAAN, MARGARET A
STREET ADDRESS 471 BAYSHORE RD
CITY-ST-ZIP NOKOMIS FL 34275 ☐ Delete

TITLE RIT
NAME Kanaan, Margaret A.
STREET ADDRESS 1095 B Tamiami Tr. N.
CITY-ST-ZIP Nokomis, FL 34275 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE VFP
NAME Kanaan, Matthew
STREET ADDRESS 1095 B Tamiami Tr. N.
CITY-ST-ZIP Nokomis, FL 34275 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE S
NAME Kanaan, Adam
STREET ADDRESS 1095 B Tamiami Tr. N.
CITY-ST-ZIP Nokomis, FL 34275 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
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:

Margaret A. Kanaan, Margaret A. Kanaan, 4-27-01, 941-485-2299

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)