

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90064 041 ***150.00

DOCUMENT # P00000056261

1. Entity Name
THE DOGGIE DUMP, INC.

Principal Place of Business Mailing Address
1401 S. LORENZO AVE 1401 S. LORENZO AVE
TAMPA FL 33629 TAMPA FL 33629

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 59-3687361 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

BLACK, ANTHONY K ESQ
707 N. FRANKLIN ST STE 800
TAMPA FL 33602

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 \$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	<input type="checkbox"/> Delete	TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILHOIT, EDIE M		NAME	WILHOIT, EDIE M	
STREET ADDRESS	1401 S. LORENZO AVE		STREET ADDRESS	1401 S. LORENZO AVE	
CITY-ST-ZIP	TAMPA FL 33629		CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	V	<input type="checkbox"/> Delete	TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILHOIT, ERNIE		NAME	WILHOIT, ERNIE	
STREET ADDRESS	2510 S. MACDILL AVE		STREET ADDRESS	344 INNER HARBOR CIRCLE	
CITY-ST-ZIP	TAMPA FL 33629		CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILHOIT, JANE		NAME	WILHOIT, JANE	
STREET ADDRESS	2510 S. MACDILL AVE		STREET ADDRESS	344 INNER HARBOR CIRCLE	
CITY-ST-ZIP	TAMPA FL 33629		CITY-ST-ZIP	TAMPA, FL 33602	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: EDIE M. WILHOIT, PRESIDENT & DIRECTOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04180001
Date

Daytime Phone #

CR2E034 (10/00)