

FILED
Jun 26, 2001 8:00 am
Secretary of State

05-18-2001 90014 018 ***150.00

001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000084406

1. Entity Name

HOLE IN THE WALL HOT DOG EMPORIUM, INC.

Principal Place of Business

1706 BILLINGS AVENUE
PANAMA CITY FL 32401

Mailing Address

1706 BILLINGS AVENUE
PANAMA CITY FL 32401

2. Principal Place of Business

1105 Beck Ave.

Suite, Apt. #, etc.

3. Mailing Address

1105 Beck Ave.

Suite, Apt. #, etc.

City & State

Panama City, FL

Zip

32401

Country

USA

City & State

Panama City, FL

Zip

32401

Country

USA

4. FEI Number

59-3670492

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HIGGINS, LILA M
1706 BILLINGS AVENUE
PANAMA CITY FL 32401**

7. Name and Address of New Registered Agent

Name

Donna G. Gibson

Street Address (P.O. Box Number is Not Acceptable)

1105 Beck Ave.

Changed by Amendment 5-29-01

City

Panama City, FL

Zip Code

32401

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

Donna G. Gibson, President + CD

DATE

June 22, 01

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

TITLE ☒ Delete
NAME **Lila M. Higgins**
STREET ADDRESS **1706 Billings Ave.**
CITY-ST-ZIP **Panama City, FL 32401**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME **President and CD**
STREET ADDRESS **Donna G. Gibson**
CITY-ST-ZIP **8214 Palm Cove Blvd.
Panama City Beach, FL 32408**

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lila M. Higgins, President

Date

Daytime Phone

4-30-01 850-789-0862

Attachment
8785

00000084406

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Division of Corp.
re: Business Dept Billing
D. Box 1500
Hialeah, FL 33022-1500

2. Article #

PS Form

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) W. J. Higgins B. Date of Delivery MAY 3 2001

C. Signature [Signature]

D. Is delivery address different from item 1? ☒ Yes ☐ No

If YES, enter delivery address below:

3. Service Type

- ☒ Certified Mail ☐ Express Mail
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

15-0044-0952

PEOPLES FIRST
Florida Community Bank
Panama City, Florida 32405

FOR W. J. Higgins Rec. Report

123
1706 BILLINGS AVE.
PANAMA CITY, FL 32401

PAY TO THE ORDER OF Florida Dept. of State

One Hundred Fifty + 100 \$ 150.00

DATE 5-1-01

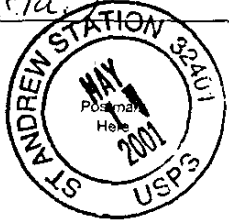
123
63-90227632
550

0125

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only, No Insurance Coverage Provided)

Article Sent To: Division of Corp. (Fla.)

Postage	\$ <u>34</u>
Certified Fee	<u>190</u>
Return Receipt Fee (Endorsement Required)	<u>150</u>
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ <u>374</u>



Name (Please Print Clearly) (to be completed by mailer)
Lila M. Higgins

Street, Apt. No., or P.O. Box No.
1706 Billings Ave

City, State, ZIP+4
Panama City, FL 32401

955T 9062 4000 00HE 6602