

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000093939

1. Entity Name  
DAWGIE STYLING, INC.

Principal Place of Business Mailing Address  
2022 SOUTH US 1 2022 SOUTH US 1  
VERO BEACH FL 32962 VERO BEACH FL 32962

2. Principal Place of Business 3. Mailing Address  
2022 South U.S. 1 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Vero Beach, FL Zip Country  
32962 Indian River

4. FEI Number 59-3676795 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  
GARCEAU, YVONNE R Name  
2022 SOUTH US 1 Street Address (P.O. Box Number is Not Acceptable)  
VERO BEACH FL 32962 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, 2002 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	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GARCEAU, YVONNE		NAME		
STREET ADDRESS	12490 77TH ST		STREET ADDRESS		
CITY-ST-ZIP	FELLSMERE FL 32948		CITY-ST-ZIP		
TITLE	O	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLARK, CARRIE		NAME		
STREET ADDRESS	6461 N US 1		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE FL 34946		CITY-ST-ZIP		
TITLE	O	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROCCASECCA, GERARO		NAME		
STREET ADDRESS	641 N US 1		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE FL 34946		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		
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: SIGNATURE REQUIRED 1-4-02 561-770-3294  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
Jan 14, 2002 8:00 am  
Secretary of State

01-14-2002 90009 045 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)