

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90051 002 ***150.00

DOCUMENT # **PO1000006032** ✓

1. Entity Name

The Dog Man, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

812 S. Sanford Ave

Suite, Apt. #, etc.

3. Mailing Address

PO Box 164

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Sanford FL

City & State

Sanford FL

Zip

32771-2676

Country

USA

Zip

32772-0164

Country

USA

4. FEI Number

59-3692169

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Spiegel & Utrera, P.A.

Street Address (P.O. Box Number is Not Acceptable)
1840 Coral Way, 4th Floor

City

Miami

FL

Zip Code
33145

**DO NOT WRITE
IN THIS SPACE**

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 file 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)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP

**P/T/S/D/C
Neil D Stokes, Jr
812 S. Sanford Ave Sanford
FL 32771**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 supplementary 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 407-324-1688
Date Daytime Phone #