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5.

7.

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

THE DUGOUT, INC.

803 NORTH LAKESIDE DRIVE

2. Principal Place of Business

GOODMAN, KATHLEEN

DESTIN FL 32541

803 NORTH LAKESIDE DRIVE

Country

6. Name and Address of Current Registered Agent

Principal Place of Business

DESTIN FL 32541

Suite, Apt. #, etc.

City & State

Zip

1. Entity Name

P01000015599

Mailing Address

3. Mailing Address

Suite, Apt. #, etc

City & State

Zip

DESTIN FL 32541

803 NORTH LAKESIDE DRIVE

FILED Sep 18, 2002 8:00 am Secretary of State

08-21-2002 90085 006 ***150.00

42741

DO NOT WRITE IN THIS SPACE		
FEI Number 59-3697890		Applied For
		Not Applicable
Certificate of Status Desired [.75 Additional Required
Name and Address of New Regis	tered Ager	nt
		
Box Number is Not Acceptable)		

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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITTLE ☐ Delete PESSIDENT ☐ Channe ☐ Addition NAME KATHLEEN E. GOODMAN NAME STREET ADDRESS STREET ADDRESS 803 N. LAKESIDE DRIVE CITY-ST-7/P CITY-ST-ZIP , FL. 32541 ☐ Delete MILE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LITLE ☐ Delete Change 🔲 ☐ Addition NAME ---NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TETLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

Country

Name

City

Street Address (P.O.

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 eath; that I am an officer or director of the corporation or the receiver cytrustee 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 DIRECTO

8-19-02 (850) 974-849

Untitled

Attachment

P01000015599

Kathleen E Goodman The Dugout Inc. 803 North Lakeside Drive Destin fl. 32541

August 20,2002

To whom it may concern,

This letter is meant to inform you that I, Kathleen E.

Goodman, have received no proir information to submit fees due to keep the Corporate status I now hold.

The first I knew of this was just a week ago.

In the future, I will look for the renewal information dur-

ing February. Thank you for your attention to this matter.

Sincerely,

SAMPLE OF EVEN STATE

Kathleen E. Goodman /

president, The Dugout Inc.