

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

01-16-2002 90020 033 ***150.00

DOCUMENT # P01000046169

1. Entity Name

DIRTY DOG DINER, INC.

Principal Place of Business

Mailing Address

C/O BARRYMORE'S 4050 US ONE, STE 307
 JUPITER FL 33477

C/O BARRYMORE'S 4050 US ONE, STE 307
 JUPITER FL 33477

2. Principal Place of Business

4050 U.S. Hwy 1
 Suite, Apt. #, etc.
 307

3. Mailing Address

SAVO
 Suite, Apt. #, etc.
 SAVO



DO NOT WRITE IN THIS SPACE

City & State

JUPITER FL

City & State

SAVO

4. FEI Number

65-1101245

Applied For

Not Applicable

Zip

33477

Country

USA

Zip

SAVO

Country

SAVO

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

Name

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

City

FL

Zip Code

WHITE, CHARLES R.L. ESQ.

725 N A1A STE E-102

JUPITER FL 33477

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 ROSSMAN, IRVING
 1025 N EGRET CIR
 JUPITER FL 33458

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/8/02 561 685 3757

CR2ED34 (9/01)