

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**  
 05-19-2002 90182 003 \*\*\*150.00

**DOCUMENT # P01000053235**

**1. Entity Name**  
**DOGGONE BEAUTIFUL, INC.**

**Principal Place of Business**  
**12 LIND AVENUE**  
**KISSIMMEE FL 34744**

**Mailing Address**  
**12 LIND AVENUE**  
**KISSIMMEE FL 34744**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**1021 B West Oak St.**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
**1021 B West Oak St.**  
 Suite, Apt. #, etc.

**City & State**  
**Kissimmee, FL**  
**Zip** 34741 **Country** U.S.A.

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**Kissimmee FL**  
**Zip** 34741 **Country** U.S.A.

**4. FEI Number**  
**75-2971321**

**Applied For**  
☐ Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SIKES, VICKI**  
**12 LIND AVENUE**  
**KISSIMMEE FL 34744**

**7. Name and Address of New Registered Agent**  
**Name** Sikes, Vicki  
**Street Address (P.O. Box Number is Not Acceptable)**  
**1021 B West Oak Street**  
**City** Kissimmee **FL** **Zip Code** 34741

**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** *Vicki L. Sikes* **Vicki L. SIKES**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**4/25/02**  
 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**

<b>TITLE</b> D <b>NAME</b> SIKES, VICKI <b>STREET ADDRESS</b> 12 LIND AVENUE <b>CITY-ST-ZIP</b> KISSIMMEE FL 34744	<b>TITLE</b> P <b>NAME</b> Sikes, Vicki <b>STREET ADDRESS</b> 1021 B West Oak Street <b>CITY-ST-ZIP</b> Kissimmee, FL 34741
<b>TITLE</b> D <b>NAME</b> SIKES, CHARLES <b>STREET ADDRESS</b> 12 LIND AVENUE <b>CITY-ST-ZIP</b> KISSIMMEE FL 34744	<b>TITLE</b> VP <b>NAME</b> Shearer, Claudia <b>STREET ADDRESS</b> 1021 B West Oak Street <b>CITY-ST-ZIP</b> Kissimmee, FL 34741
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>
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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:** *Vicki L. Sikes* **Vicki L. SIKES** **4/25/02 407-870-0222**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)