

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90293 038 ***150.00

DOCUMENT # P01000060056

1. Entity Name
DOMINO ENTERPRISES, INC.

Principal Place of Business
233 EAST BAY STREET
SUITE 733
JACKSONVILLE FL 32202

Mailing Address
233 EAST BAY STREET
SUITE 733
JACKSONVILLE FL 32202



2. Principal Place of Business

233 E BAY ST

3. Mailing Address

233 E. BAY ST

Suite, Apt. #, etc.

STE 1010

Suite, Apt. #, etc.

STE 1010

City & State

JAY FL

City & State

JAY FL

Zip

32202

Country

USA

Zip

32202

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3728687

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOOLITTLE, PAUL M
233 EAST BAY STREET
SUITE 733
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name **DOOLITTLE, PAUL M**
Street Address (P.O. Box Number is Not Acceptable) **233 E. BAY ST**
STE 733
City **JAY** **FL** **Zip Code** **32202**

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

TITLE **PD** ☐ Delete
NAME **RILEY, H. PAT**
STREET ADDRESS **233 EAST BAY STREET, #733**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **233 E BAY STE 1010**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H. P. Riley PD

04-11-02

Date

Daytime Phone #

904
708 1989

CR2E034 (9/01)