

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000085198

1. Entity Name
TWO DOGS, INC.

Principal Place of Business
2151 LAKE DRIVE
COCOA FL 32926

Mailing Address
2151 LAKE DRIVE
COCOA FL 32926

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3740832

Applied For

Not Applicable

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

DOCTIGAN, JAMES
2151 LAKE DRIVE
COCOA FL 32926

Name CATHY MULLINS

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

2151 LAKE DRIVE

City COCOA

FL

Zip Code 32926

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 *Cathy Mullins*
Signature, typed or printed name of registered agent and title if applicable.

CATHY MULLINS

01-05-02

(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 V
NAME COSTIGAN, JAMES
STREET ADDRESS 2151 LAKE DRIVE
CITY-ST-ZIP COCOA FL 32926 ☐ Delete

TITLE PRESIDENT
NAME MULLINS, CATHY
STREET ADDRESS 2151 LAKE DR.
CITY-ST-ZIP COCOA FL 32926 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: *JAMES COSTIGAN*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-05-02 321-631-3444
Date Daytime Phone #

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90014 029 ***150.00



DO NOT WRITE IN THIS SPACE

01/17/02 AV

CR2E034 (9/01)