2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000091656

1. Entity Name

DOGBONE PROPERTIES, INC.

FILED
Apr 10, 2002 8:00 am
Secretary of State
04-10-2002 90442 004 ***150.00

Principal Place of Business	Mailing Address
641 LONGMEADOW CIRCLE LONGWOOD FL 32779	641 LONGMEADOW CIRCLE LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
935 River Edge Ct.
Suite, Apt. #, etc.

3. Mailing Address
935 River Edge Ct.
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number *59-3756840*

| Applied For |
| Not Applicable |

Zip | Country | Zip | Country

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**
ELENBERGER, RICHARD 641 LONGMEADOW CIRCLE LONGWOOD FL 32779	Name Street Address (P.O. Box Number is Not Acceptable) *935 River Edge Ct.* City _____ FL Zip Code

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 ELENBERGER, RICHARD 641 LONGMEADOW CIRCLE LONGWOOD FL 32779	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	*D, P* *935 River Edge Ct.*	☑ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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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: _____   *04-03-02*   *407-682-5202*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #