

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90071 033 ***158.75

DOCUMENT # P01000101290

1. Entity Name
DOLLSHOP.NET, INC.

Principal Place of Business

12207 S HWY 441
 MICANOPY FL 32667

Mailing Address

12207 S HWY 441
 MICANOPY FL 32667

2. Principal Place of Business

1250 West University Ave
 Suite, Apt. #, etc.

3. Mailing Address

4631 NW 31 Ter.
 Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Gainesville, FL

4. FEI Number

38-3643469

Applied For

Not Applicable

Zip

32601

Country

USA

Zip

32605

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

JARVIS, SUSAN
 12207 S HWY 441
 MICANOPY FL 32667

7. Name and Address of New Registered Agent

Name
~~SUSAN JARVIS~~
 Street Address (P.O. Box Number is Not Acceptable)
~~4631 NW 31 Ter.~~
 City
~~Gainesville~~ FL Zip Code
~~32605~~

N/A

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 Susan Jarvis

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/02

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	D	<input type="checkbox"/> Delete
NAME	JARVES, DELL	
STREET ADDRESS	12207 S HWY 441	
CITY-ST-ZIP	MICANOPY FL 32667	
TITLE	D	<input type="checkbox"/> Delete
NAME	JARVES, SUSAN	
STREET ADDRESS	12207 S HWY 441	
CITY-ST-ZIP	MICANOPY FL 32667	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dell Jarvis	
STREET ADDRESS	4631 NW 31 Ter	
CITY-ST-ZIP	Gainesville, FL 32605	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Susan Jarvis	
STREET ADDRESS	4631 NW 31 Ter	
CITY-ST-ZIP	Gainesville, FL 32605	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Susan Jarvis

4/23/02

Date

Daytime Phone #

352 379-8603

CR2E034 (9/01)