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Jun 06, 2003 8:00 am
Secretary of State

05-05-2003 91805 028 ***150.00

2003 UNIFORM BUSINESS REPORT (UBR)

5/5/2

DOCUMENT # P01000107843

1. Entity Name: Dawg Biz, Inc.

Principal Place of Business	Mailing Address
1335 Main Sail Dr. #1314 Naples, Florida 34114	1335 Main Sail Dr. #1314 Naples, Florida 34114

55046631

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1335 Main Sail Dr.		1335 Main Sail Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Naples, Florida		City & State: Naples, Florida	
Zip: 34114	Country: USA	Zip: 34114	Country: USA

4. FEI Number: 01-0576429 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~William Somers~~
~~PO Box 3039~~ 3465 Bonita Beach Road Suite #12
Bonita Springs, FLorida 34133

7. Name and Address of New Registered Agent

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

[illegible]

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	President Mike Barselou 1335 Main Sail Drive #1314 Naples, Florida 34114 ☐ 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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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: Michael Barselou ______ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ______ Date ______ Daytime Phone #