

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 91013 001 \*\*\*150.00

**DOCUMENT # P01000112627**

**1. Entity Name**  
**DOLLMAKIN', INC.**



**Principal Place of Business**  
**1871 SOUTH PATRICK DR**  
**INDIAN HARBOUR BCH FL 32937**

**Mailing Address**  
**766 HAFTEZ STREET NE**  
**PALM BAY FL 32907**

**2. Principal Place of Business**

**2020 Palm Bay Rd NE**

**Suite, Apt. #, etc.**

**Suite 7ES**

**City & State**  
**Palm Bay FL**

**Zip**  
**32905**

**Country**

**3. Mailing Address**

**Suite, Apt. #, etc.**

**City & State**

**Zip**

**Country**

**4. FEI Number**  
**59-3756992**

**Applied For**  
**Not Applicable**

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

☒ **CHECK HERE IF MAKING CHANGES**

**6. Name and Address of Current Registered Agent**

**COLLINS, LINDA S**  
**766 HAFTEZ STREET NE**  
**PALM BAY FL 32907**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** *Linda Sue Collins*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**04/01/03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003. Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**PVST**  
**COLLINS, LINDA S**  
**766 HAFTEZ ST. NE**  
**PALM BAY FL 32907**

☐ **Delete**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ **Change** ☐ **Addition**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**CITY-ST-ZIP**

☐ **Change** ☐ **Addition**

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Linda Sue Collins*  
**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/01/03**

Date

**321 725 4305**

Daytime Phone #

CR2E034 (10/02)