

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91157 050 ***150.00

05/02/03 AV

DOCUMENT # P02000003871

1. Entity Name
DOG GONE STYLING INC.



Principal Place of Business
**6361 W CHERRYWOOD STREET
CRYSTAL RIVER FL 34429**

Mailing Address
**P O BOX 3596
HOMOSASSA SPRINGS FL 34429**

11071000



2. Principal Place of Business

7055 S Greengate PT

3. Mailing Address

P.O. Box 3596

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

HOMOSASSA FL

City & State

HOMOSASSA SPRING FL

4. FEI Number

01-0599339

Applied For

Not Applicable

Zip

34446

Country

Citrus/USA

Zip

34447

Country

Citrus/USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TRIMBLE, MARLENE G
6361 W CHERRYWOOD STREET
CRYSTAL RIVER FL 34429**

7. Name and Address of New Registered Agent

Name
TRIMBLE, MARLENE G
Street Address (P.O. Box Number is Not Acceptable)
7055 S GREENGATE PT
City
HOMOSASSA **FL** Zip Code
34446

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

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
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TRIMBLE, MARLENE G
6361 W CHERRYWOOD STREET
CRYSTAL RIVER FL 34429** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director/President
Trimble, MARLENE
7055 S Greengate PT
HOMOSASSA, Florida 34446** ☒ Change ☐ Addition

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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STREET ADDRESS
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:

Marlene G Trimble

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/02 (352) 476-4990

Day

Daytime Phone #

CR2E034 (10/02)