

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90060 047 ***150.00

DOCUMENT # P02000099207

1. Entity Name
THE DOG SHACK INC.



Principal Place of Business
104 ELMWOOD DR
JACKSONVILLE FL 32259

Mailing Address
104 ELMWOOD DR
JACKSONVILLE FL 32259

2. Principal Place of Business

3245-10 CR 210

Suite, Apt. #, etc.

#108

City & State
JACKSONVILLE FL

Zip
32259

Country
USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



X CHECK HERE IF MAKING CHANGES

4. FEI Number

81-0579758

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MAUST, ROBERT J
104 ELMWOOD DR
JACKSONVILLE FL 32259

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

Robert J Maust

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

(NOTE: Registered Agent signature required when reinstating)

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
P ☐ Delete
NAME
MAUST, JOHANNA C
STREET ADDRESS
104 ELMWOOD DR
CITY-ST-ZIP
JACKSONVILLE FL 32259

TITLE
VP ☐ Delete
NAME
MAUST, ROBERT J
STREET ADDRESS
104 ELMWOOD DR
CITY-ST-ZIP
JACKSONVILLE FL 32259

TITLE
VP ☐ Delete
NAME
THOREN, NILS O
STREET ADDRESS
104 ELMWOOD DR
CITY-ST-ZIP
JACKSONVILLE FL 32259

TITLE
SEC. ☒ Delete
NAME
HERRING, CINDY L
STREET ADDRESS
104 ELMWOOD DR
CITY-ST-ZIP
JACKSONVILLE FL 32259

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
UP ANNILUKKA THOREN
104 ELMWOOD DR
JAX FL 32259

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

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

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/03

CR2E034 (10/02)