

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000004649

1. Entity Name
DOUGH-YOU-KNOW, INC.

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90024 029 ***550.00

Principal Place of Business

4950 S. WASHINGTON AVE.
TITUSVILLE FL 32780
US

Mailing Address

2850 STARLIGHT DR.
TITUSVILLE FL 32796
US

2. Principal Place of Business

3. Mailing Address

2326 SNEAD Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Titusville FL.

Zip

Country

Zip

Country

32780 USA

4. FEI Number

59-3203490

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIBSON, MARK K
2850 STARLIGHT DR.
TITUSVILLE FL 32796

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

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)

FILE NOW!!! FEE IS \$550.00

After SEPTEMBER 13; 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SPVD
NAME GIBSON, MARK K
STREET ADDRESS 2850 STARLIGHT DR.
CITY-ST-ZIP TITUSVILLE FL 32796 ☐ Delete

TITLE SPVD
NAME GIBSON, MARK K
STREET ADDRESS 2326 SNEAD CT.
CITY-ST-ZIP TITUSVILLE FL. 32780 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-9-00

Date

321-264-8810

Daytime Phone #

CR2E034 (5/00)