## 2002 UNIFORM BUSINESS REPORT (UBR)

## Aug 15, 2002 8:00 am Secretary of State

P93000004649 DOCUMENT # 08-15-2002 90047 042 \*\*\*150.00 1. Entity Name DOUGH-YOU-KNOW, INC. Principal Place of Business 974458 Mailing Address 4950 S. WASHINGTON AVE: 2326 SNEAD CT TITUSVILLE FL' 32780 : TITUSVILLE FL 32780 us 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3203490 Not Applicable Zip Country Zip Country \$8.75 Additional Fee Required 5.=Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent mΈ GIBSON, MARK K 2850 STARLIGHT DR. O. Box Number is Not Acceptable NEAD TITUSVILLE FL 32796 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 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 FILE NOW!!! FEE IS \$550.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After September 13, 2002 Fee will be \$750.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 SPVD TITLE ☐ Delete TATLE (4/02)☐ Addition GIBSON, MARK K NAME NAME STREET ADDRESS 2326 SNEAD CT STREET ADDRESS **CR2E034** CITY-ST-ZIP TITUSVILLE FL 32780 CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE Delete ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIFLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE ☐ Delete TITLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

E COLOR IL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 351-264-8810

9735/ 975/18484 HP9300004649 To whom it may concern, July 1st I revened my 2002 - Voitra Buines toport This is the time on Francisco This you. I auco MATT Anorews of your office, he yold me to write a letter staring this, a to Misi) a shuk for 150.00 That you MACK K. Gisin Dough- You - Know Inc

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