

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90119 012 ***150.00

0582166

DOCUMENT # P94000037653**1. Entity Name****BULLDOG INVESTMENTS, INC.****Principal Place of Business**9800 US HWY 441
SUITE 101
LEESBURG FL 34788
US**Mailing Address**9800 US HWY 441
SUITE 101
LEESBURG FL 34788
US**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**59-3248997**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**SEWELL, STEPHEN
907 WEBSTER STREET
LEESBURG FL 34748**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.**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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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**

TITLE **D** ☐ Delete
NAME **FISCHER, NEIL J JR**
STREET ADDRESS **9800 US HIGHWAY 441 SUITE 101**
CITY-ST-ZIP **LEESBURG FL**

TITLE **D** ☐ Delete
NAME **WATERS, RICHARD**
STREET ADDRESS **PO BOX 1070 N/A**
CITY-ST-ZIP **UMATILLA FL 32784**

TITLE **D** ☐ Delete
NAME **RYAN, JOHN P**
STREET ADDRESS **171 PAUL MCCLURE CT**
CITY-ST-ZIP **CASSELBERRY FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/01
Date352-728-2224
Daytime Phone

CR2E034 (10/00)