

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000056863

1. Entity Name

ISLAND DOUGH COMPANY

Principal Place of Business

1515 CENTRE ST
SANIBEL FL 33957

Mailing Address

1515 CENTRE ST
SANIBEL FL 33957-4500

2. Principal Place of Business

2496 PALM RIDGE RD

Suite, Apt. #, etc.

3. Mailing Address

C/O SIMONS, CPA, PA

Suite, Apt. #, etc.

16048-2 SAN CARLOS BLVD

City & State

SANIBEL, FL

Zip

33957

Country

USA

City & State

FORT MYERS, FL

Zip

33908

Country

USA

4. FEI Number

65-0511275

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

COSTANZO, JOHN
1515 CENTRE ST
SANIBEL FL 33957

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VS
NAME COSTANZO, ANITA
STREET ADDRESS 1515 CENTRE STREET
CITY-ST-ZIP SANIBEL FL 33957 ☒ Delete

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

TITLE P
NAME COSTANZO, JOHN
STREET ADDRESS 1515 CENTRE STREET
CITY-ST-ZIP SANIBEL FL 33957 ☐ Delete

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

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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 JOHN COSTANZO

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90122 008 ***550.00