

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 18, 2000 08:00 AM**  
**Secretary of State****DOCUMENT # P95000082631****1. Entity Name**  
DOBIE CAPITAL, INC.

<b>Principal Place of Business</b> GLADES BUILDING, SUITE 303 877 EXECUTIVE CENTER DRIVE, WEST ST. PETERSBURG FL 33702	<b>Mailing Address</b> GLADES BUILDING, SUITE 303 877 EXECUTIVE CENTER DRIVE, WEST ST. PETERSBURG FL 33702
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<b>2. Principal Place of Business</b> GLADES BUILDING, SUITE 303	<b>3. Mailing Address</b> GLADES BUILDING, SUITE 303
<b>Suite, Apt. #, etc.</b> 877 EXECUTIVE CENTER DRIVE, WEST	<b>Suite, Apt. #, etc.</b> 877 EXECUTIVE CENTER DRIVE, WEST

<b>City &amp; State</b> ST. PETERSBURG FL	<b>City &amp; State</b> ST. PETERSBURG FL
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<b>Zip</b> 33702	<b>Country</b> US	<b>Zip</b> 33702	<b>Country</b> US
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<b>4. FEI Number</b> <b>59-3865721</b>	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
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**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**MASCARA ERNEST L  
GLADES BUILDING, SUITE 303  
877 EXECUTIVE CENTER DRIVE, WEST  
ST. PETERSBURG FL 33702 US**7. Name and Address of New Registered Agent**

<b>Name</b>
<b>Street Address (P.O. Box Number is Not Acceptable)</b>
<b>City</b> <b>FL</b> <b>Zip Code</b>

**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.**

<b>SIGNATURE</b> _____	<b>04/18/2000</b>
<small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>DATE</small>

**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**

<b>TITLE</b>	<b>DVP</b>	<input type="checkbox"/> Delete
<b>NAME</b>	GOTTDENKER ADAM	
<b>STREET ADDRESS</b>	80 AHERBOURNE ST UNIT 308	
<b>CITY-ST-ZIP</b>	TORONTO, CANADA M5A-2I	

<b>TITLE</b>	<b>VPD</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	GOTTDENKER DEBORAH	
<b>STREET ADDRESS</b>	80 AHERBOURNE ST UNIT 308	
<b>CITY-ST-ZIP</b>	TORONTO, CANADA M5A-2I	

<b>TITLE</b>	<b>DPTS</b>	<input type="checkbox"/> Delete
<b>NAME</b>	GOTTDENKER JOSEPH	
<b>STREET ADDRESS</b>	80 AHERBOURNE ST UNIT 308	
<b>CITY-ST-ZIP</b>	TORONTO, CANADA M5A-2I	

<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>DVP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	GOTTDENKER ADAM	
<b>STREET ADDRESS</b>	80 SHERBOURNE ST., UNIT 306	
<b>CITY-ST-ZIP</b>	TORONTO ON M5A 2R1	

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>	<b>DPTS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	GOTTDENKER JOSEPH	
<b>STREET ADDRESS</b>	80 SHERBOURNE ST., UNIT 306	
<b>CITY-ST-ZIP</b>	TORONTO ON M5A 2R1	

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:** Joseph Gottdenker**PREP:** 04/18/2000