

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000044324

1. Entity Name
BIG DAWG FITNESS, INC.

Principal Place of Business
**258 CR 207A
EAST PALATKA FL 32131**

Mailing Address
**P O BOX 727
EAST PALATKA FL 32131**

2. Principal Place of Business
199 US 17 SOUTH
Suite, Apt. #, etc.

3. Mailing Address
199 US 17 SOUTH
Suite, Apt. #, etc.

City & State
EAST PALATKA FL
Zip **32131** Country **US**

City & State
EAST PALATKA FL
Zip **32131** Country **US**

4. FEI Number **59-3394294**

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

**ROSE, KEVIN W
258 CR 207A
EAST PALATKA FL 32131**

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 *Kevin Rose*
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPST** ☐ Delete
NAME **ROSE, KEVIN W**
STREET ADDRESS **258 CR 207A**
CITY-ST-ZIP **EAST PALATKA FL 32131**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Kevin Rose* **KEVIN ROSE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01
Date

(904) 325-6470
Daytime Phone #

FILED
Apr 27, 2001 8:00 am
Secretary of State
04-27-2001 90381 020 ***150.00

00042631



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)