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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000012297 1. Corporation Name

BAG-A-DOO, INC.

| | • | · | • | | |
|---|--|--|---|---|---|
| Principal Place | e of Business | Mailing Address | | | 181 11818 1816 1816 1816 1881 1881 |
| 4406 NE 36TH FT LAUD FL 33 | ST | 4406 NW 36TH ST FT LAUD FL 33319 | | DO NOT WRITE IN TH | IIS SPACE |
| US | | US | | 3. Date Incorporated or Qualifed | |
| | • | | | 02/05/1997 | |
| 2 Drivers ID | ace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| <u> </u> | ace of business | 26 | | 65-0724171 | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 22 | | City & State | | C. Etastica Compolen Financina | \$5.00 May Be |
| City & Stat | e | | und in a near the in made in the | 6. Election Campaign Financing Trust Fund Contribution | Added to Fees |
| Zip | Country | = 28 Zip | Country | 8. This corporation owes the current year | |
| 24 | 25 | 29 30 | ¬ ´ | Personal Property Tax. | Yes No |
| 24 | 9. Name and Address of Current | <u> </u> | <u> </u> | 10. Name and Address of New Registere | ed Agent |
| | <u> </u> | | 81 Name | | |
| BOYD, BRETT 3821 NW 215 St. | | 82 Street Add | reet Address (P.O. Box Number is Not Acceptable) | | |
| HIGHTHOUSE POINT FL 33084 COCONUT CREEK, FC 330 | | 83 | | | |
| ENHIHOUSE PUINT FE ISOUT COCONOT CREEK, PC | | 066°° | | | |
| | | 84 City | F | _ ; | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE | | | | | |
| l office or r | egistered agent, or both, in the State of m familiar with, and accept the obligation | r Florida. Such change was authons of, Section 607.0505, Florida | onzed by the corporation a Statutes. | ion's board of directors. Thereby accept the app | of changing its registered pointment as registered |
| office or r agent. I a SIGNATURE | egistered agent, or both, in the State of m familiar with, and accept the obligation Signature, typed or printed name of registered agent is | r Florida. Such change was authons of, Section 607.0505, Florida and title if applicable. (NOTE: Re | orized by the corporation of the statutes. Gistered Agent signature requires | ed when reinstating) DATE | politiment as registered |
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14. 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 annual report or supplemental annual 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 employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, will all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

DELETE

Change

☐ Addition

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90123 004 ***150.00