

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000016291

1. Entity Name

DOG & EARS INC.

FILED**Apr 02, 2001 8:00 am**
Secretary of State

04-02-2001 90308 044 ***150.00

0523387

Principal Place of Business

741 LIVE OAK AVE NE
ST PETERSBURG FL 33703
US

Mailing Address

741 LIVE OAK AVE NE
ST PETERSBURG FL 33703
US

010000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4801 Caesar Way S.

3. Mailing Address

4801 Caesar Way S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St Petersburg FL

City & State

St. Petersburg FL

Zip

33712

Country

Pinellas

Zip

33712

Country

Pinellas

4. FEI Number

59-3430573

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOYAL, RICHARD R
741 LIVE OAK AVE NE
ST PETERSBURG FL 33703

7. Name and Address of New Registered Agent

Name

Christine M. Emmerson

Street Address (P.O. Box Number is not acceptable)

4801 Caesar Way S

City

St Petersburg

FL

Zip Code

33712

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)

3-30-01

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PT
NAME JOYAL, RICHARD R
STREET ADDRESS 741 LIVE OAK AVE NE
CITY-ST-ZIP ST PETERSBURG FL 33703 ☐ DeleteTITLE VS
NAME JOYAL, PAULINE L
STREET ADDRESS 741 LOVE OAK AVE NE
CITY-ST-ZIP ST PETERSBURG FL 33703 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT ☒ Change ☐ Addition
NAME Christine M. Emmerson
STREET ADDRESS 4801 Caesar Way S.
CITY-ST-ZIP St Petersburg, FL 33712TITLE VS ☒ Change ☐ Addition
NAME Jeffrey C. Emmerson
STREET ADDRESS 4801 Caesar Way S.
CITY-ST-ZIP St Petersburg FL 33712TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

3-30-01 727-867-8023

Date

Daytime Phone #

CR2E034 (10/00)