

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000063411 (7)

1. Corporation Name

DOODLEBUG INDUSTRIES, INC.



Principal Place of Business

9268-C SABLE RIDGE CIRCLE
BOCA RATON FL 33428

Mailing Address

9268-C SABLE RIDGE CIRCLE
BOCA RATON FL 33428

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/21/1997

4. FEI Number

65-0774934

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 490 OAK Circle

Suite, Apt. #, etc.

22

City & State

23 Boca Raton FL

24 33463

Country

25 USA

2a. Mailing Address

26 6728 Green Island Circle

Suite, Apt. #, etc.

27 Lake Worth

City & State

28 Lake Worth FL

29 33463

Country

30 USA

9. Name and Address of Current Registered Agent

RIEDER, SARI
9268-C SABLE RIDGE CIRCLE
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name SARI Rieder

82 Street Address (P.O. Box Number is Not Acceptable)

6728 Green Island Circle

83

84 City Lake Worth

FL

85 Zip Code 33463

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

SARI RIEDER

SARI RIEDER

4/27/98

Signature, printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME RIEDER, SARI
STREET ADDRESS 9268-C SABLE RIDGE CIRCLE
CITY-ST-ZIP BOCA RATON FL 33428

☐ DELETE

TITLE DST
NAME VIGODA, LAUREEN
STREET ADDRESS 9774 ERICA COURT
CITY-ST-ZIP BOCA RATON FL 33496

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP
1.2 NAME Rieder, SARI
1.3 STREET ADDRESS 6728 Green Island Circle
1.4 CITY-ST-ZIP Lake Worth FL 33463

☒ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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 empowered 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.

SIGNATURE

SARI RIEDER 4/27/98 9268-33428-33463

CR2E034 (10/97)