

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State
 05-10-2002 90018 019 ***150.00

DOCUMENT # P97000063411

1. Entity Name
DOODLEBUG INDUSTRIES, INC.

Principal Place of Business
10018 SPANISH ISLES BLVD STE A15
BOCA RATON FL 33498
US

Mailing Address
6728 GREEN ISLAND CIRCLE
LAKE WORTH FL 33463
US

2. Principal Place of Business
3111 FORTUNE WAY
Suite, Apt. #, etc.
SUITE - B-11

3. Mailing Address

Suite, Apt. #, etc.

City & State
WELLINGTON FL

City & State

Zip
33414

Country
USA

Zip

Country

4. FEI Number
65-0774934

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RIEDER, SARI
6728 GREEN ISLAND CIRCLE
LAKE WORTH FL 33463

7. Name and Address of New Registered Agent

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 *Sari Rieder*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/02

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, 2002 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	RIEDER, SARI	
STREET ADDRESS	6728 GREEN ISLAND CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	DST	<input type="checkbox"/> Delete
NAME	VIGODA, LAUREEN	
STREET ADDRESS	8337 GRAND MESSINA CR	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	V	<input type="checkbox"/> Delete
NAME	VIGODA, STEPHEN	
STREET ADDRESS	8337 GRAND MESSINA CR	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Sari Rieder* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/02

561-333-5394

CR2E034 (9/01)