

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90096 042 ***150.00

DOCUMENT # P97000066390

1. Entity Name
DOG DAYS, INC.

R

Principal Place of Business
323 MONTANA DR
#5
DESTIN FL 32541
US

Mailing Address
323 MONTANA DR
#5
DESTIN FL 32541
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
323 MOUNTAIN DRIVE

Suite, Apt. #, etc.
UNIT 5-6

City & State
DESTIN FLORIDA

Zip
32541

Country
US

3. Mailing Address
323 MOUNTAIN DRIVE

Suite, Apt. #, etc.
UNIT 5-6

City & State
DESTIN FLORIDA

Zip
32541

Country
US

4. FEI Number **59-3462492**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

GEISINGER, JANETTE
823 KELL-AIRE COURT
DESTIN FL 32541

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 _____ (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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GEISINGER, JANETTE 823 KELL-AIRE CT DESTIN FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MORROW, BARBARA 71 PALMETTO ST SANTA ROSA BCH FL 32549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **JANETTE V. GEISINGER** *8/2/00* **850-650-3647**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** Date Daytime Phone #

CR2E034 (5/00)

ATTACHMENT
P 97 000066390
D007409

DOG DAYS, INC

323 MOUNTAIN DR #5 DESTIN FLORIDA 32541
(850) 650-DOGS (3647)

2ND AUGUST 2000

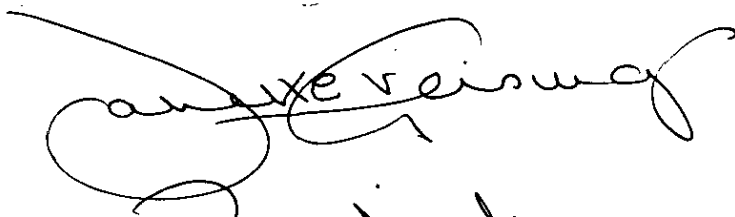
Sire.

Enclosed is our filing fee for \$150.

We did not receive a first notice
and assume this was due to
the incorrect address on your
report.

Please amend your records as
per Box 2 & 3.

Thanking you


President

