## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P9700066390 Aug 08, 2000 8:00 am Secretary of State 1. Entity Name DOG DAYS, INC. 08-08-2000 90096 042 \*\*\*150.00 Mailing Address Principal Place of Business 323 MONTANA DR 323 MONTANA DR DESTIN FL 32541 DESTIN FL 32541 2. Principal Place of Business 3. Mailing Address 323 MOUSTAIN DRIVE 323 MOUNTAIN DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ひいは モート ソアノイ 5-b City & State City & State 4. FEI Number Applied For 59-3462492 FLORDA FLORDA DESTIN DESTIN Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 32541 یںے Fee Required 325.Wl 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GEISINGER, JANETTE Street Address (P.O. Box Number is Not Acceptable) 823 KELL-AIRE COURT DESTIN FL 32541 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition TITLE ☐ Delete TITLE GEISINGER, JANETTE NAME NAME 823 KELL-AIRE CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DESTIN FL 32541 CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE MORROW, BARBARA NAME NAME 71 PALMETTO ST STREET ADDRESS STREET ADDRESS SANTA ROSA BCH FL 32549 CITY-ST-ZIP CITY-ST-ZIP Delete HILL TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

ATTATCHMENT DOOD 6390 HP 97 BOOD 1409

## DOG DAYS, INC

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

200 AUGUST 2000

Sur.

Enclosed is our pling fee for \$150. We did not recieve a first notice

and assome this was due to

The incorrect address on your

report.

Please amend your records as per Box 2 23.

Thanking you

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