

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 14, 2001 8:00 am
Secretary of State

02-14-2001 90014 041 ***150.00

DOCUMENT # P97000100773

1. Entity Name
MEGDOLLS, INC.

Principal Place of Business

1655 QUAIL DRIVE
SARASOTA FL 34231

Mailing Address

1655 QUAIL DRIVE
SARASOTA FL 34231

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0797901

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NIMICK, DEBORAH
1655 QUAIL DRIVE
SARASOTA FL 34231

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE _____ ☐ Delete
NAME NIMICK, DEBORAH
STREET ADDRESS 1655 QUAIL DR
CITY-ST-ZIP SARASOTA FL

TITLE _____ ☒ Change ☐ Addition
NAME _____
STREET ADDRESS 1655 QUAIL DR
CITY-ST-ZIP _____

TITLE _____ ☐ Delete
NAME NIMICK, GEORGE G
STREET ADDRESS 1655 QUAIL DR
CITY-ST-ZIP SARASOTA FL 34231

TITLE _____ ☒ Change ☐ Addition
NAME _____
STREET ADDRESS 1655 QUAIL DR
CITY-ST-ZIP _____

TITLE _____ ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ ☐ Change ☐ 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: George G. Nimick GEORGE G. NIMICK 2/11/01 (941)924-9515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)