

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000106069

1. Entity Name

DOUBLE DIPPIN', INC.

FILED

May 01, 2000 8:00 am  
Secretary of State

05-01-2000 90310 010 \*\*\*150.00

Principal Place of Business

Mailing Address

3847 TAMiami TRAIL EAST  
NAPLES FL 34112

3847 TAMiami TRAIL EAST  
NAPLES FL 34112-6201

2. Principal Place of Business

3. Mailing Address

3847 TAMiami TRAIL EAST

3847 TAMiami TRAIL EAST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
NAPLES - FL

City & State  
NAPLES - FL

4. FEI Number 59-3482595

Applied For  
Not Applicable

Zip 34112 Country USA

Zip 34112 Country USA

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHEER, PENINA J  
3847 TAMiami TRAIL E  
NAPLES FL 34112

Name ARMANDO VEGA  
Street Address (P.O. Box Number is Not Acceptable)  
3847 TAMiami TRAIL E  
City NAPLES FL Zip Code 34112

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/00

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, 2000 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 VPS ☒ Delete  
NAME CHEER, PENINA J  
STREET ADDRESS 3847 TAMiami TRAIL EAST  
CITY-ST-ZIP NAPLES FL 34112

TITLE PS ☒ Change ☐ Addition  
NAME ARMANDO VEGA  
STREET ADDRESS 3847 TAMiami TRAIL EAST  
CITY-ST-ZIP NAPLES - FL 34112

TITLE P ☒ Delete  
NAME BOROWSKI, DEBORAH T  
STREET ADDRESS 3847 TAMiami TRAIL EAST  
CITY-ST-ZIP NAPLES FL 34112

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

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/00 941-643-0827

CR2E034 (9/99)