

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000020990

1. Entity Name

DOTTI'S PLACE, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90066 005 ***150.00

Principal Place of Business

1764 MOVA STREET
SARASOTA FL 34231

Mailing Address

1764 MOVA STREET
SARASOTA FL 34231-6632

00011040

2. Principal Place of Business

6528 SUPERIOR AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

4. FFI Number

59-3562182

Applied For

Not Applicable

Zip

34231-5836

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEPHEN F. VOIGHT, P.A.
2414 BEE RIDGE ROAD
SARASOTA FL 34239

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

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, 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. PRESIDENT OFFICERS AND DIRECTORS

TITLE NAME
DOTTI MULLEN ☐ Delete
STREET ADDRESS
1764 MOVA STREET
CITY-ST-ZIP
SARASOTA, FL 34231-6632

TITLE NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE NAME ☐ Change ☐ Addition
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:

Dotti Mullen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/27/00

941-921-5100
Daytime Phone #