FILED
Jun 27, 2003 8:00 am
Secretary of State
06-27-2003 90052 048 ***150.00

10100333

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000020990

1. Entity Name
DOTTI'S PLACE, INC.

Principal Place of Business	Mailing Address
6538 SUPERIOR AVE SARASOTA, FL 34231-5836 US	1764 MOVA STREET SARASOTA, FL 34231

2. Principal Place of Business	3. Mailing Address
2639 MALL DRIVE	2417 TERRY LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SARASOTA, FL	City & State: SARASOTA, FL
Zip: 34231 Country: USA	Zip: 34231 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3562182 ☐ Applied For ☐ Not Applicable

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: BARTON P. GIFFORD, SR
Street Address (P.O. Box Number is Not Acceptable): 2136 GULF GATE DR. SUITE I
City: SARASOTA FL Zip Code: 34231-4807

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Barton P. Gifford, Sr. (Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE: 6/24/2003

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MULLER DOTTI ~~1764 MOVA STREET~~ 2417 TERRY LANE SARASOTA, FL 342318802 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dorothy L Muller (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) 6/24/03 (Date) 941-926-4195 (Daytime Phone #)

JUNE 24, 2003 Attachment

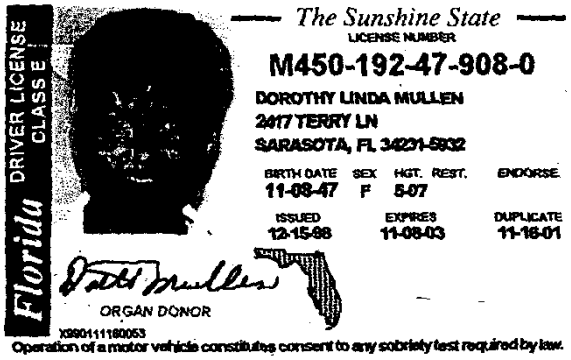
TO WHOM IT MAY CONCERN: 10168953
#P99000020990

ENCLOSED IS A RENEWAL FOR MY CORPORATION. I'M SO SORRY IT'S LATE BECAUSE IT WAS SENT TO THE WRONG ADDRESS. AS PER OUR TELEPHONE CONVERSATION I AM SENDING A CHECK FOR $150.00. I APPRECIATE YOUR UNDERSTANDING IN THIS MATTER.

ALSO, MY NAME HAS BEEN SPELLED INCORRECTLY ON THE PAPERS. SAME PERSON JUST WRONG SPELLING. BELOW I'VE MADE COPIES TO SHOW MY CORRECT SPELLING.

THANK YOU SO MUCH FOR YOUR HELP

Dorothy L. Mullen



KATHY DENT
Supervisor of Elections

VOTER IDENTIFICATION
Sarasota County Florida

NAME AND ADDRESS	PRECINCT
MULLEN, DOROTHY LINDA 2417 TERRY LN SARASOTA FL 34231-5932	97 PARTY NP

ID NUMBER	DATE REGISTERED	DATE OF BIRTH	SEX	RACE
09816344	12/15/98	11/08/1947	F	W

ASSISTANCE	
NO	x Dorothy L Mullen SIGNATURE OF VOTER

SS# 086-36-5028