

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000056271

1. Entity Name

HOME OF THE RISING SUN, INC.

f

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90152 013 ***150.00

Principal Place of Business

25161 PARAGUAY ST.
PUNTA GORDA FL 33983

Mailing Address

25161 PARAGUAY ST.
PUNTA GORDA FL 33983

2. Principal Place of Business

22577 QUASAR BLVD

Suite, Apt. #, etc.

3. Mailing Address

22577 QUASAR BLVD

Suite, Apt. #, etc.

City & State

PORT CHARLOTTE FLA

City & State

PORT CHARLOTTE FLA

4. FEI Number

05-0930868

Applied For

Not Applicable

Zip

33952

Country

CHARLOTTE

Zip

33952

Country

CHARLOTTE

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

MARSHALL, PAUL G
111 W. OLYMPIA AVE.
PUNTA GORDA FL 33950

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)

DATE

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	P DAWKINS, LEBERT 25161 PARAGUAY ST. PUNTA GORDA FL 33983	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST DAWKINS, GLORIA 25161 PARAGUAY ST. PUNTA GORDA FL 33983	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DAWKINS, LEBERT 22577 QUASAR BLVD PORT CHARLOTTE FL 33952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST DAWKINS, GLORIA 22577 QUASAR BLVD PORT CHARLOTTE FL 33952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

7/11/00
Date

941 255-3503
Daytime Phone #

7-11-2000 ATTACHMENT
P990000056271
BU103462

DIVISION OF CORP

P.O. Box 1500

TALLAHASSEE FL 32302-1500

GENTLE PERSONS,

I NEVER RECEIVED 1ST
NOTICE OF "2000 UNIFORM BUSINESS REPORT."

AS PER YOUR PHONE INSTRUCTIONS I AM
ENCLOSING CHECK FOR \$150⁰⁰ FOR THE
ANNUAL FEE FOR

HOME OF THE RISING SUN INC.

SINCERELY,

