

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2000 8:00 am**
Secretary of State

04-25-2000 90030 040 ***150.00

DOCUMENT # P99000058403

1. Entity Name

DOGS, INC.

Principal Place of Business

**2244 COLONIAL BLVD., N
PALM HARBOR FL 34683**

Mailing Address

**2244 COLONIAL BLVD., N
PALM HARBOR FL 34683-2207**

941011

2. Principal Place of Business

2595 54TH AVE N.

3. Mailing Address

2595 54TH AVE N

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

St. Petersburg, FLA

City & State

St. Petersburg, FLA

4. FEI Number

59-358-6347

Applied For

Not Applicable

Zip

FLA 33714

Country

USA

Zip

33714

Country

USA5. 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

**BRETAGNA, WILLIAM
2244 COLONIAL BLVD., N
PALM HARBOR FL 34683**

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 reinstalling)

DATE

4/17/009. 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	P-V WILLIAM BRETAGNA 2244 COLONIAL BLVD. N. PALM HARBOR FL 34683
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	T-S LINDA BRETAGNA 2244 COLONIAL BLVD. N. PALM HARBOR FL 34683
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4/17/00 (727) 525-0058**
Date Daytime Phone #