

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 05, 2000 8:00 am  
Secretary of State

04-05-2000 90093 016 \*\*\*150.00

DOCUMENT # P99000061620

1. Entity Name

BO DOG, INC.

Principal Place of Business

Mailing Address

13280 4TH STREET EAST  
SUITE 4  
MADEIRA BEACH FL 33708

13280 4TH STREET EAST  
SUITE 4  
MADEIRA BEACH FL 33708-2422

2. Principal Place of Business

13280 4TH ST E. #4

3. Mailing Address

13280 4TH ST E. #4

Suite, Apt. #, etc.

MADEIRA BEACH, FL

Suite, Apt. #, etc.

MADEIRA BEACH, FL

City & State

City & State

Zip

33708

Country

U.S.A.

Zip

33708

Country

USA

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Carol Hanatiuk

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

13280 4TH ST E. #1

City

MADEIRA BEACH,

FL

Zip Code

33708

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.

Comptroller  
SIGNATURE Carol Hanatiuk

Carol Hanatiuk

1-10-00

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 \$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

TITLE PSTD  
NAME JUDD, LARRY K  
STREET ADDRESS 13280 4TH STREET EAST, SUITE 4  
CITY-ST-ZIP MADEIRA BEACH FL 33708

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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: Larry K. Judd - Pres.

1-10-00

727 3999055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #