

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000075440

1. Entity Name

BROKE DICK DOGS, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90120 024 ***150.00

Principal Place of Business

5100 NORTH TAMiami TRAIL
 SUITE 201
 NAPLES FL 34103

Mailing Address

5100 NORTH TAMiami TRAIL
 SUITE 201
 NAPLES FL 34103-2810

2. Principal Place of Business

4910 Tamiami Trail North

Suite, Apt. #, etc.

Suite 210

City & State
 Naples, Florida

Zip
 34103

Country
 US

3. Mailing Address

4910 Tamiami Trail North

Suite, Apt. #, etc.

Suite 210

City & State
 Naples, Florida

Zip
 34103

Country
 US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0941162

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SZEMPRUCH, DAVID J
 5100 NORTH TAMiami TRAIL
 SUITE 201
 NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

Same

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

4910 Tamiami Trail North,

Suite 210

City
 Naples

FL

Zip Code
 34103

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 \$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	D	<input type="checkbox"/> Delete
NAME	MARTIN, DOROTHY ANGELA	
STREET ADDRESS	4838 EUROPA DRIVE	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTIN, STEVEN JOHN	
STREET ADDRESS	4838 EUROPA DRIVE	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dorothy Angela Martin	
STREET ADDRESS	4838 Europa Drive	
CITY-ST-ZIP	Naples, Florida 34105	
TITLE	D, VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steven John Martin	
STREET ADDRESS	4838 Europa Drive	
CITY-ST-ZIP	Naples, Florida 34105	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Steven J. Martin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven J. Martin 4/28/00 941-430-3596

Date

Daytime Phone #

CR2E034 (9/99)