

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085998

1. Entity Name

BIG DOG CONTRACTS, INC.

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90150 021 ***150.00

Principal Place of Business

Mailing Address

1808 MCQUAID ST.
MELBOURNE FL 32901

1808 MCQUAID ST.
MELBOURNE FL 32935-5260

2. Principal Place of Business

3. Mailing Address

1159 Sanddune Lane
Suite, Apt. #, etc.

1159 Sanddune Lane
Suite, Apt. #, etc.

Suite 107

Suite 107

City & State
Melbourne, FL

City & State
Melbourne, FL

Zip
32901

Country
USA

Zip
32901

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

☒ Not Applicable

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

SHIREY, DENISE A
1808 MCQUAID ST.
MELBOURNE FL 32901

Name
Denise A. Shirey

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

1159 Sanddune Lane

Suite 107

City
Melbourne

FL

Zip Code

32901

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

Denise A. Shirey

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/10/00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Denise A. Shirey 1159 Sanddune Lane, Suite 107 Melbourne, FL 32935	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Denise A. Shirey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/00
Date

(321) 752-4448
(321) 953-8999
Daytime Phone #