

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098530

1. Entity Name  
**DOGPLEX, INC.**

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 90379 005 \*\*\*150.00

Principal Place of Business  
**51 CEDAR AVENUE  
COCOA BEACH FL 32931**

Mailing Address  
**51 CEDAR AVENUE  
COCOA BEACH FL 32931**

**551196**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**P.O. Box 560456**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Rockledge, FL**

4. FEI Number **59-3609539**

Applied For  
Not Applicable

Zip

Country

**32956 USA**

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

**KESTEL, LISA GRACE  
51 CEDAR AVENUE  
COCOA BEACH FL 32931**

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 **Lisa Grace Kestel, Lisa Grace Kestel, President 5/1/01**  
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, 2001 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 **D** ☐ Delete  
NAME **KESTEL, LISA GRACE**  
STREET ADDRESS **51 CEDAR AVENUE**  
CITY-ST-ZIP **COCOA BEACH FL 32931**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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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: **Lisa Grace Kestel, Lisa Grace Kestel 5/1/01 321/201007**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)