

FILED
Jun 12, 2003 8:00 am
Secretary of State

06-12-2003 90010 012 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *P99000103909*

1. Entity Name

DOTZEES HELMETS, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1101 HOLLAND DRIVE

3. Mailing Address

1101 HOLLAND DRIVE

Suite, Apt. #, etc.

UNIT 16

Suite, Apt. #, etc.

UNIT 16

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip

33487

Country

USA

Zip

33487

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0979077

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

RICHARD W. REIF

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

1101 HOLLAND DRIVE, UNIT 16

City

BOCA RATON

FL

Zip Code

33487

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

RICHARD W. REIF

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

(NOTE: Registered Agent signature required when reinstating)

6/9/2003

DATE

January 1 - May 1: Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<i>DP</i>
NAME	<i>RICHARD W. REIF</i>
STREET ADDRESS	<i>1101 HOLLAND DRIVE UNIT 16</i>
CITY - ST - ZIP	<i>BOCA RATON, FL 33487</i>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

RICHARD W. REIF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/9/2003

DATE

561-989-0610

Daytime Phone #

CR2E034B (12/02)