

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90130 010 ****61.25

DOCUMENT # N02000009295

1. Entity Name

PET THERAPY OF SOUTH FLORIDA, INC.



Principal Place of Business

**14545 J MILITARY TRAIL #143
DELRAY BEACH FL 33484**

Mailing Address

**14545 J MILITARY TRAIL #143
DELRAY BEACH FL 33484**

2. Principal Place of Business

4175 NW 7TH CT

Suite, Apt. #, etc.

DELRAY BEACH, FL

City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

33445

Country

FLORIDA

Zip

33445

Country

FLORIDA

4. FEI Number

33 103 4677

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DECICCO, THOMAS E
14545 J MILITARY TRAIL #143
DELRAY BEACH FL 33484**

7. Name and Address of New Registered Agent

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

SIGNATURE

Thomas E. Decicco, President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-20-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **DECICCO, THOMAS E**
STREET ADDRESS **14545 J MILITARY TRAIL #143**
CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE **SD** ☐ Delete
NAME **DECICCO, BETTY T**
STREET ADDRESS **5406 RAINTREE TRAIL**
CITY-ST-ZIP **FT PIERCE FL 34982**

TITLE **TD** ☐ Delete
NAME **THOMSON, SUSAN E**
STREET ADDRESS **5406 RAINTREE TRAIL**
CITY-ST-ZIP **FT PIERCE FL 34982**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Thomas E. Decicco, President

3-20-03

561-703-1614

CR2E037 (10/02)