

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000019463

1. Entity Name  
PETS IN PARADISE OF S.W. FLORIDA INC.



**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90240 048 \*\*\*150.00

Principal Place of Business  
~~28000 SPANISH WELLS BLVD~~  
~~200~~  
~~BONITA SPRINGS FL 34135~~

Mailing Address  
28000 SPANISH WELLS BLVD  
200  
BONITA SPRINGS FL 34135



2. Principal Place of Business  
3320 GOLDEN GATE BLVD

3. Mailing Address  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
NAPLES, FL

City & State

4. FEI Number 59-3496622 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Zip Country  
34120 Collier

Zip Country

6. Name and Address of Current Registered Agent  
-AMBURN, JAMES  
-28000 SPANISH WELLS BLVD  
-SUITE 200  
-BONITA SPRINGS FL 34135

7. Name and Address of New Registered Agent  
Name  
ALLURE ACCOUNTING, LLC  
Street Address (P.O. Box Number is Not Acceptable)  
28000 SPANISH WELLS BLVD.  
City BONITA SPRINGS FL Zip Code 34135

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 *Friedrich Schmidt* FRIEDRICH SCHMIDT, MGR 04/28/03  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOCKIUS, MARIA		NAME		
STREET ADDRESS	28000 SPANISH WELLS BLVD STE 200		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 34135		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 607, 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: *MARIA BOCKIUS* 03/31/03 239-992-3353  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)