

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000054775

FILED
Apr 01, 2003
Secretary of State

Entity Name: POSH PAWS, INC.

Current Principal Place of Business:

3045 N. FEDERAL HWY., STE. 60-F
FORT LAUDERDALE, FL 333061415

New Principal Place of Business:

Current Mailing Address:

3045 N. FEDERAL HWY., STE. 60-F
FORT LAUDERDALE, FL 333061415

New Mailing Address:

FEI Number: 65-0922828

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STARLING, KEITH
3045 N. FEDERAL HWY., STE. 60-F
FT. LAUDERDALE, FL 33306

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: STARLING, KEITH
Address: 3045 N. FEDERAL HWY., STE. 60-F
City-St-Zip: FORT LAUDERDALE, FL 333061415

Title: DVS () Delete
Name: TEWS, MARK
Address: 3045 N. FEDERAL HWY., STE. 60-F
City-St-Zip: FORT LAUDERDALE, FL 333061415

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH STARLING

DPT

04/01/2003

Electronic Signature of Signing Officer or Director

_____ Date