

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 483010

1. Entity Name

PETSOS INCORPORATION

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90094 014 \*\*\*150.00

Principal Place of Business

3801 W LAKE MARY BLVD  
 LAKE MARY FL 32746-6159  
 US

Mailing Address

3801 W LAKE MARY BLVD  
 LAKE MARY FL 32746-6159  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

# 1161

Suite, Apt. #, etc.

# 1161

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1609777

Applied For

Not Applicable

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

STONE, MELINDA  
 140 MARION LANE  
 CASSELBERRY FL 32707

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

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, 2000 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 PS  
 NAME GEORGIADIS, MELISSA  
 STREET ADDRESS 1814 KNAVE DRIVE  
 CITY-ST-ZIP ORLANDO FL ☐ Delete

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

TITLE VPT  
 NAME STONE, MELINDA  
 STREET ADDRESS 140 MARION LANE  
 CITY-ST-ZIP CASSELBERRY FL ☐ Delete

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

TITLE C  
 NAME PETSOS, GEORGE C H.  
 STREET ADDRESS 1905 HIBISCUS LANE  
 CITY-ST-ZIP MAITLAND FL ☐ Delete

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)