

DOCUMENT # 517639**1. Entity Name**
LUV-N-CARE PET MOTEL, INC.**Principal Place of Business****6970 SW JACK JAMES DR**
STUART, FL 34997**Mailing Address****6970 SW JACK JAMES DR**
STUART, FL 34997**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent**REESE, BETTY**
6974
STUART FL 34997**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.**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, 2001 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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
V	REESE, STEVEN	6974 SW JACK JAMES ST	STUART FL	
P	REESE, JOSEPH	6974 SW JACK JAMES ST	STUART FL	
S	REESE, BETTY	6974 SW JACK JAMES ST	STUART FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:** Betty Reese **BETTY REESE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**JAN. 3, 2001** **561-2875345**
Date Daytime Phone #**FILED**
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90026 033 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1709660** ☐ **Applied For**
☐ **Not Applicable****5. Certificate of Status Desired** ☐ **\$8.75 Additional**
Fee Required

CR2E034 (10/00)