

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715617

1. Entity Name

PET AID LEAGUE, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90032 036 ****70.00

Principal Place of Business
5950 W OAKLAND PARK BLVD
SUITE 102
FT. LAUDERDALE FL 33313
US

Mailing Address
5950 W OAKLAND PARK BLVD
SUITE 102
FT. LAUDERDALE FL 33313-1245
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7043297

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

ANDERSEN, SHEILA
2618 BARBARA DR
FT. LAUDERDALE FL 33316

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD
NAME SCHLEI, JUDY
STREET ADDRESS 416 FARMINGTON DRIVE
CITY-ST-ZIP PLANTATION FL 33317 ☐ Delete

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

TITLE D
NAME DAVIS, BLAINE
STREET ADDRESS 2643 BARBARA DR.
CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete

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

TITLE CSD
NAME CHERNOFF, GLORIA
STREET ADDRESS 533 MYRTLE DR
CITY-ST-ZIP PLANTATION FL 33317 ☐ Delete

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

TITLE D
NAME ANDERSON, DEB D V.
STREET ADDRESS 6129A LAUREL LANE
CITY-ST-ZIP TAMARAC FL ☐ Delete

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

TITLE P
NAME SOPER, LORRAINE
STREET ADDRESS 2317 SE 14 ST
CITY-ST-ZIP POMPANO BEACH FL 33062 ☐ Delete

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

TITLE T
NAME ANDERSON, SHEILA
STREET ADDRESS 2618 BARBARA DRIVE
CITY-ST-ZIP FORT LAUDERDALE FL ☐ Delete

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

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:

SHEILA ANDERSEN

Date

Daytime Phone #

4/28/00 954/525-3451

CR2E037 (9/99)