

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90159 039 ****70.00

DOCUMENT # 715617

1. Entity Name

PET AID LEAGUE, INC.

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
 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** ☒ Delete
 NAME **SCHLEI, JUDY**
 STREET ADDRESS **416 FARMINGTON DRIVE**
 CITY-ST-ZIP **PLANTATION FL 33317**

TITLE **D** ☐ Change ☒ Addition
 NAME **WATCHINSKI, DIANE**
 STREET ADDRESS **1600 SW 24 AVE**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33312**

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

TITLE **D** ☐ Change ☒ Addition
 NAME **GOETZ, LISA**
 STREET ADDRESS **1003 HIGHLAND MEADOWS DR.**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33327**

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

TITLE **D** ☐ Change ☒ Addition
 NAME **TIEGEMAN, PEARL**
 STREET ADDRESS **10408 NW 39 MANOR**
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33065**

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

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

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

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 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:

SIGNATURE REQUIRED

SHEILA ANDERSEN 954/626-3451

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)