

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90020 014 \*\*\*\*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

**ANDERSEN, SHEILA  
2618 BARBARA DR  
FT. LAUDERDALE FL 33316**

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

**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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WATCHINSKI, DIANE</b>	
STREET ADDRESS	<b>1600 SE 24 AVENUE</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33312</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DAVIS, BLAINE</b>	
STREET ADDRESS	<b>2643 BARBARA DR.</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	<b>CSD</b>	<input type="checkbox"/> Delete
NAME	<b>CHERNOFF, GLORIA</b>	
STREET ADDRESS	<b>533 MYRTLE DR</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33317</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ANDERSON, DEB D V.</b>	
STREET ADDRESS	<b>6129A LAUREL LANE</b>	
CITY-ST-ZIP	<b>TAMARAC FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SOPER, LORRAINE</b>	
STREET ADDRESS	<b>2317 SE 14 ST</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33062</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>ANDERSON, SHEILA</b>	
STREET ADDRESS	<b>2618 BARBARA DRIVE</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TEIGMAN, PEARL</b>	
STREET ADDRESS	<b>10408 NW 139 MANOR</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33065</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GOETZ, LISA</b>	
STREET ADDRESS	<b>1008 HIGHLAND MEADOWS DR.</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33327</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SHEILA ANDERSON 3/3/02 954/525-3451**

Date

Daytime Phone #

CR2E037 (9/01)