

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0000595 AV

**DOCUMENT #** A01000000303

1. Entity Name  
**PETSTAND LTD.**



**FILED**

03 MAY -7 PM 1:30

Principal Place of Business  
P.O. BOX 3282  
ORLANDO FL 32802

Mailing Address  
P.O. BOX 3282  
ORLANDO FL 32802

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

**DUE BY MAY 1, 2003**

4. FEI Number **59-3704296**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**STEWART, MICHAEL C**  
**201 HAZARD STREET**  
**ORLANDO FL 32804**

**7. Name and Address of New Registered Agent**

Name **Michael C. Stewart**

Street Address (P.O. Box Number is Not Acceptable)  
**11 E. Spruce St**

City **Orlando** FL Zip Code **32804**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Michael C. Stewart DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$25,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$ 17,000**

11. **MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P01000016985	STREET ADDRESS	
NAME	PETSTAND, INC.	CITY-ST-ZIP	
STREET ADDRESS	P.O. BOX 3282		
CITY-ST-ZIP	ORLANDO FL 32802		
DOCUMENT #		STREET ADDRESS	<b>100018461861</b>
NAME		CITY-ST-ZIP	<b>05/07/03--01094--004 **207.75</b>
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 820, Florida Statutes

SIGNATURE: ANDREW HILL **ANDREW HILL** 4-25-03 321-438-5170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (10/02)