

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90038 028 \*\*\*150.00

**DOCUMENT # F99000004728**

**1. Entity Name**  
**PETPRINTS INCORPORATED**

**Principal Place of Business**

**3100 WARNER AVE. #10**  
**SANTA ANA CA 92704**

**Mailing Address**

**P.O. BOX 643**  
**CORONA DEL MAR CA 92625**

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**PO Box 790**

**SANFORD FL**

**32772**



DO NOT WRITE IN THIS SPACE

**4. FEI Number**

**33-0567928**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional**  
**Fee Required**

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

**KIRKHAM, CHRIS**  
**2772 DEPOT STREET**  
**SANFORD FL 32773**

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

**Name** **CHRIS ROBERTS**  
**Street Address (P.O. Box Number is Not Acceptable)** **2457A S. HIAWASSEE ROAD**  
**#135**  
**City** **ORLANDO** **FL** **Zip Code** **32835**

**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**

**C. Roberts** **C. ROBERTS** **4/05/02**

**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, 2002 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** **P** ☐ Delete  
**NAME** **WAKELING, ALAN**  
**STREET ADDRESS** **PO BOX 643**  
**CITY-ST-ZIP** **CORONA DEL MAR CA 92625**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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

**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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **WAKELING 04/02/02**

Date

Daytime Phone #

CR2E034 (9/01)