

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J72336

1. Entity Name

PALM BEACH BOARDING KENNELS, INC.

FILED

Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90105 024 ***150.00

Principal Place of Business

Mailing Address

4656 BOATMAN ST
LAKE WORTH FL 33463
US

C/O KANTOR
928 SQUIRE DR
WELLINGTON FL 33414-7857
US

80007227

2. Principal Place of Business

8011 MONETARY AR
Suite, Apt. #, etc.
A-5

3. Mailing Address

725 TEAL WAY
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

RIVIERA BEACH

City & State

NORTH PALM BEACH

4. FEI Number

59-2807899

Applied For

Not Applicable

Zip
33404

Country

USA

Zip

33408

Country

USA

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

MCDONALD, MARSHALL III
14814 DRAFTHORSE LANE
WELLINGTON FL 33414

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
KANTOR, JOHN
928 SQUIRE DR
WELLINGTON FL 33414

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

John F. Kantor John F. Kantor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/00

Date

561-881-7271

Daytime Phone #