

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J72336

1. Entity Name
PALM BEACH BOARDING KENNELS, INC.

Principal Place of Business
8011 MONTERAY DR
A-5
RIVIERA BEACH FL 33404
US

Mailing Address
C/O JOHN KANTOR
725 TEAL WAY
NORTH PALM BEACH FL 33408
US

2. Principal Place of Business

Suite, Apt. #, etc. A-2

City & State

Zip Country

6. Name and Address of Current Registered Agent

MCDONALD, MARSHALL III
14814 DRAFTHORSE LANE
WELLINGTON FL 33414

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 PD
NAME KANTOR, JOHN
STREET ADDRESS 825 TEAL WAY
CITY-ST-ZIP NORTH PALM BEACH FL 33408

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | |
|--|---------------------------------|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Jan 09, 2002 8:00 am
Secretary of State

01-09-2002 90001 014 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2807899 Applied For Not Applicable

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

0355438 AV

CR2E034 (9/01)

1/04/02 561-881-7271
Date Daytime Phone #