

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K70203

1. Entity Name

PET SAFARI, INC.

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90074 004 ***150.00

Principal Place of Business

1749 MAIN ST.
DUNEDIN FL 34698-6402

Mailing Address

1575 HIGHLAND AVE S
CLEARWATER FL 33756

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

1749 Main St.

Suite, Apt. #, etc.

City & State

Dunedin FLORIDA

Zip

34698-6402

Country

PINELLAS

4. FEI Number

59-2962836

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHULER, STEVE
1381 CHESTERFIELD DR
CLEARWATER FL 34616

7. Name and Address of New Registered Agent

Name LARRY L. LIPKE

Street Address (P.O. Box Number is Not Acceptable)
1357 Boylan Ave.

City

CLEARWATER

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

LARRY L. LIPKE, PRES.

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, 2001 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 D ☒ Delete
NAME SCHULER, STEVE
STREET ADDRESS 1381 CHESTFIELD DRIVE
CITY-ST-ZIP CLEARWATER FL

TITLE D ☐ Delete
NAME LIPKE, LARRY L. Lipke, Larry L.
STREET ADDRESS 1357 BOYLAN AVE
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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

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

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TITLE ☐ Change ☐ Addition
NAME
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:

Larry L. Lipke

LARRY L. LIPKE

3-19-01

(727) 733-6641

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)