

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90326 018 ***150.00

0487456 AV

DOCUMENT # K70203

1. Entity Name
PET SAFARI, INC.



Principal Place of Business
**1749 MAIN ST.
DUNEDIN FL 34698-6402**

Mailing Address
~~1675 HIGHLAND AVE S~~
~~CLEARWATER FL 33756~~

2. Principal Place of Business

3. Mailing Address
1749 Main St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Dunedin FL

Zip

Country

Zip

34698

Country

USA

4. FEI Number
59-2962836

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LIPKE, LARRY L
1357 BOYLAN AV
CLEARWATER FL 34616**

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

SIGNATURE *L. Lipke* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

L. Lipke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03 **727-733-6641**
Date Daytime Phone #

CR2E034 (10/02)