

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90149 025 ***150.00

DOCUMENT # K72725

1. Entity Name

CRITTER'S CORNER PET SHOP, INC.



Principal Place of Business

**1958 STATE ROAD 44
NEW SMYRNA BEACH FL 32168
US**

Mailing Address

**1958 STATE RD 44
NEW SMYRNA BEACH FL 32168**

10040060



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2972390

Applied For

Not Applicable

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

FISHER, LANA W.

1972 SR 44

NEW SMYRNA BEACH FL 32069

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:

Signature, typed or printed name of registered agent and title if applicable.

(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	P	<input type="checkbox"/> Delete
NAME	FISHER, LANA W.	
STREET ADDRESS	2050 AIR PARK ROAD	
CITY-ST-ZIP	EDGEWATER FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FISHER, PATRICK A.	
STREET ADDRESS	2050 AIR PARK ROAD	
CITY-ST-ZIP	EDGEWATER FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	NORMAN, AMY	
STREET ADDRESS	2100 AIR PARK RD	
CITY-ST-ZIP	EDGEWATER FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	WHEELER, MERLENE	
STREET ADDRESS	2100 AIR PARK ROAD	
CITY-ST-ZIP	EDGEWATER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

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:

LANA W. FISHER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LANA W. FISHER

1/23/03

386-423-8723

Date

Daytime Phone #