

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L82350

1. Entity Name

MR. PETMAN, INC.

FILED

Apr 05, 2001 8:00 am  
Secretary of State

04-05-2001 90082 047 \*\*\*150.00

939541



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O MR. PETMAN 2400 S. RIDGEWOOD AVE. S. DAYTONA FL 32119 US	Mailing Address C/O TED DORAN P. O. BOX 1231 DAYTONA BCH. FL 32115 US
--	---

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

City & State	City & State
--------------	--------------

City & State	City & State
--------------	--------------

City & State	City & State
--------------	--------------

City & State	City & State
--------------	--------------

City & State	City & State
--------------	--------------

City & State	City & State
--------------	--------------

City & State	City & State
--------------	--------------

City & State	City & State
--------------	--------------

City & State	City & State
--------------	--------------

City & State	City & State
--------------	--------------

City & State	City & State
--------------	--------------

City & State	City & State
--------------	--------------

City & State	City & State
--------------	--------------

City & State	City & State
--------------	--------------

City & State	City & State
--------------	--------------

City & State	City & State
--------------	--------------

City & State	City & State
--------------	--------------

City & State	City & State
--------------	--------------

City & State	City & State
--------------	--------------

City & State	City & State
--------------	--------------

City & State	City & State
--------------	--------------

City & State	City & State
--------------	--------------

City & State	City & State
--------------	--------------

City & State	City & State
--------------	--------------

City & State	City & State
--------------	--------------

City & State	City & State
--------------	--------------

City & State	City & State
--------------	--------------

City & State	City & State
--------------	--------------

City & State	City & State
--------------	--------------

City & State	City & State
--------------	--------------

City & State	City & State
--------------	--------------

City & State	City & State
--------------	--------------

City & State	City & State
--------------	--------------

City & State	City & State
--------------	--------------

City & State	City & State
--------------	--------------

City & State	City & State
--------------	--------------

City & State	City & State
--------------	--------------

City & State	City & State
--------------	--------------

City & State	City & State
--------------	--------------

City & State	City & State
--------------	--------------

City & State	City & State
--------------	--------------

City & State	City & State
--------------	--------------

City & State	City & State
--------------	--------------

City & State	City & State
--------------	--------------

City & State	City & State
--------------	--------------

City & State	City & State
--------------	--------------

City & State	City & State
--------------	--------------

City & State	City & State
--------------	--------------

City & State	City & State
--------------	--------------

4. FEI Number	59-3023102	Applied For	
		Not Applicable	

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
----------------------------------	--------------------------	--------------------------------

6. Name and Address of Current Registered Agent DORAN, THEODORE R. 800 - 1ST UNION TOWER 444 SEABREEZE BLVD. DAYTONA BCH. FL 32118
--

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	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)	<input type="checkbox"/>
--	--------------------------

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.	<input type="checkbox"/>	\$5.00 May Be Added to Fees
--	--------------------------	-----------------------------

11. OFFICERS AND DIRECTORS
----------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP OLDZIEJEWSKI, THOMAS L. 6372 FAIRWAY COVE DR PORT ORANGE FL 32124	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BURNETTI, JOSEPH 6372 FAIRWAY COVE DR PORT ORANGE FL 32124	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP OLDZIEJEWSKI, THOMAS L. 1194 SIESTA KEY CIRCLE PORT ORANGE, FL 32124	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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	TOM OLDZIEJEWSKI	3-28-01	904-767-5766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E034 (10/00)