

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

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90481 049 ***150.00

DOCUMENT # L82350

1. Entity Name

MR. PETMAN, INC.



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

Christopher W. Wickersham, Sr., Esq.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Post Office Drawer 2250

City & State

City & State

Daytona Beach, FL 32115

4. FEI Number

59-3023102

Applied For

Not Applicable

Zip

Country

Zip

Country

32115

USA

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

WICKERSHAM, CHRISTOPHER W SR.
501 NORTH GRANDVIEW AVENUE
SUITE 115
DAYTONA BEACH FL 32118

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
OLDZIEJEWSKI, THOMAS L.
1194 SIESTA KEY CIRCLE
PORT ORANGE FL 32124 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
BURNETTI, JOSEPH
108 EAST BAYWOOD SQUARE
DAYTONA BEACH FL 32119 ☐ Delete

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/03
Date

Daytime Phone #

CR2E034 (10/02)