

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000008407**

1. Entity Name
HAPPY GO PUPPY, L.L.C.

Principal Place of Business
**1514 S. ALEXANDER ST., SUITE 102
PLANT CITY FL 33566**

Mailing Address
**1514 S. ALEXANDER ST., SUITE 102
PLANT CITY FL 33566-6317**

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

59-3623873

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANDERSON, JAMES E.
1514 S. ALEXANDER ST., SUITE 102
PLANT CITY FL 33566**

Name **ANDERSON, JAMES E. MGRM**

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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE **V.P.-SEC** ☐ Delete
NAME **DEBRA I ANDERSON MGRM**
STREET ADDRESS **2913 ANT CLUB DR**
CITY- ST- ZIP **PLANT CITY FL 33567**

TITLE ☐ Change ☐ Addition
NAME **600003279196--8**
STREET ADDRESS **-06/07/00--01005--015**
CITY- ST- ZIP *******50.00 *****50.00**

TITLE ☐ Delete
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STREET ADDRESS
CITY- ST- ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED
JAMES E. ANDERSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4-18-00

Date

813-782-5796

Daytime Phone #

APPROVED
AND
FILED

DO MAY 10 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (3/99)