

2001 UNIFORM BUSINESS REPORT (UBR)

4/26/

FILED
Jul 06, 2001 8:00 am
Secretary of State

04-26-2001 90321 043 ****61.25

DOCUMENT # N00000001879

1. Entity Name

PET SOCIETY, INC.

Principal Place of Business

30 FAIRGREEN AVE.
NEW SMYRNA BEACH FL 31268

Mailing Address

30 FAIRGREEN AVE.
NEW SMYRNA BEACH FL 31268

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

59-3637016

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

SANDLIN, PAULA
30 FAIRGREEN AVE.
NEW SMYRNA BEACH FL 31268

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

Paula Sandlin Paula Sandlin

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6-26-01

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SANDLIN, PAULA	
STREET ADDRESS	30 FAIRGREEN AVE.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 31268	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANDLIN, FRED	
STREET ADDRESS	30 FAIRGREEN AVE.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 31268	
TITLE	D	<input type="checkbox"/> Delete
NAME	ISON, SHAI-MARIE	
STREET ADDRESS	8690 AERO DR. #133	
CITY-ST-ZIP	SAN DIEGO CA 92123	
TITLE	D	<input type="checkbox"/> Delete
NAME	LARKIN, HAL	
STREET ADDRESS	196 MICHAEL DR.	
CITY-ST-ZIP	OVIDO FL 32765	
TITLE	D	<input type="checkbox"/> Delete
NAME	PHILLIPS, BARBARA	
STREET ADDRESS	1567 E. BREEZY LN.	
CITY-ST-ZIP	W. PALM BEACH FL 33417	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(l), 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 617, 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: *Paula Sandlin* Paula Sandlin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-26-01 904-427-8667

CR2E037 (10/00)