

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 11, 2002 8:00 am
Secretary of State

06-11-2002 90397 011 ****61.25

DOCUMENT # N00000001879

1. Entity Name

PET SOCIETY, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

2922 Unity Tree Dr
Suite, Apt. #, etc.

2922 Unity Tree Dr
Suite, Apt. #, etc.

City & State

Edgewater FL
Zip 32141 Country Volusia

City & State

Edgewater FL
Zip 32141 Country Volusia

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

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

7. Name and Address of New Registered Agent

Name Donna M WAGNER
Street Address (P.O. Box Number is Not Acceptable)
2922 Unity Tree Dr
City Edgewater FL Zip Code 32141

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6-6-02

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 checked="" type="checkbox"/> Delete
NAME	SANDLIN, FRED	
STREET ADDRESS	30 FAIRGREEN AVE.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 31268	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ISON, SHAI-MARIE	
STREET ADDRESS	8690 AERO DR. #133	
CITY-ST-ZIP	SAN DIEGO CA 92123	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LARKIN, HAL	
STREET ADDRESS	196 MICHAEL DR.	
CITY-ST-ZIP	OMEDO FL 32765	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PHILLIPS, BARBARA	
STREET ADDRESS	3411 WILLOW OAK DR.	
CITY-ST-ZIP	EDGEWATER FL 32141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2702 TURNBULL ESTATES DR	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Donna M WAGNER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2922 Unity Tree Dr	
STREET ADDRESS		
CITY-ST-ZIP	Edgewater FL 32141	
TITLE	Karen Mason	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1947 Coco Palm Dr	
STREET ADDRESS		
CITY-ST-ZIP	Edgewater FL 32141	
TITLE	John R Lither	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	826 Navigator Way	
STREET ADDRESS		
CITY-ST-ZIP	Edgewater FL 32141	
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)(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 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: Donna M Wagner (386) 427-2407
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)