

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000008692

FILED  
Sep 09, 2003  
Secretary of State

Entity Name: SAVE THE PETS, INC.

## Current Principal Place of Business:

PO BOX 452348  
SUNRISE, FL 33345

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 452348  
SUNRISE, FL 33345

## New Mailing Address:

FEI Number: 48-1286047

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

GUTSTADT, MICHELE  
967 CORAL CLUB DR.  
CORAL SPRINGS, FL 33071 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: FD ( ) Change (X) Addition  
Name: DRYER, KIMBERLY  
Address: 731 SW 113 TER  
City-St-Zip: PEMBROKE PINES, FL 33025

Title: PD ( ) Change (X) Addition  
Name: GUTSTADT, MICHELE  
Address: 967 CORAL CLUB DR.  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VD ( ) Change (X) Addition  
Name: HEISLER, DAWN  
Address: 108 SE 23RD ST  
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: D ( ) Change (X) Addition  
Name: BORGES, VICTORIA  
Address: 11431 NW 31ST PL  
City-St-Zip: SUNRISE, FL 33323

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELE GUTSTADT

PD

09/09/2003

Electronic Signature of Signing Officer or Director

Date