

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50723

1. Entity Name

CORAL SPRINGS DOG DAY RUN, INC.

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90014 036 ****61.25

Principal Place of Business

8008 WILES ROAD
CORAL SPRINGS FL 33067

Mailing Address

8008 WILES ROAD
CORAL SPRINGS FL 33067

2. Principal Place of Business

7460 Wiles Road
Suite, Apt. #, etc.

3. Mailing Address

7460 Wiles Road
Suite, Apt. #, etc.

City & State
Coral Springs FL

Zip
33067

Country
USA

City & State
Coral Springs FL

Zip
33067

Country
USA

4. FEI Number

65-0370680

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PAUL, STEVEN G.
8008 WILES ROAD
CORAL SPRINGS FL 33067

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ Delete
NAME PAUL, STEVEN G.
STREET ADDRESS 8008 WILES ROAD
CITY-ST-ZIP CORAL SPRGS FL

TITLE T ☐ Delete
NAME PAUL, JILL
STREET ADDRESS 8008 WILES RD.
CITY-ST-ZIP CORAL SPRINGS FL

TITLE T ☐ Delete
NAME PAUL, NORMAN
STREET ADDRESS 8008 WILES RD.
CITY-ST-ZIP CORAL SPRINGS FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7460 Wiles Road
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7460 Wiles Road
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7460 Wiles Road
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)