

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000007104

1. Entity Name

PROJECT PET OF FLORIDA, INC.

Principal Place of Business

522 E. LEMON ST.  
TARPON SPRINGS FL 34689

Mailing Address

522 E. LEMON ST.  
TARPON SPRINGS FL 34689

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

59-3495162

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

HOFFMAN, ROBERT  
522 E. LEMON ST.  
TARPON SPRINGS FL 34689

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP  
NAME HOFFMAN, ROBERT L  
STREET ADDRESS 522 E. LEMON ST.  
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DST  
NAME HOFFMAN, JOANN  
STREET ADDRESS 522 E. LEMON ST.  
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME BIERCHEN, SYLVIA  
STREET ADDRESS 1889 SPRINGWOOD CIR N  
CITY-ST-ZIP CLEARWATER FL 33763

TITLE  
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CITY-ST-ZIP

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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:

Joann Hoffman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-13-02 727-934-6986

FILED  
Mar 25, 2002 8:00 am  
Secretary of State

03-25-2002 90176 033 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)