

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90095 038 ****61.25

DOCUMENT # N99000005058

1. Entity Name
PET AID SERVICE SOCIETY, INC.

Principal Place of Business Mailing Address
9229 WOOD DRIVE HUDSON FL 34667 **9229 WOOD DRIVE HUDSON FL 34667-4212**

801663



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **9458- W.S. 19**
 Suite, Apt. #, etc.

3. Mailing Address **Same**
 Suite, Apt. #, etc.

City & State **Port Richey, FL**

City & State **FL**

4. FEI Number **59-3595839**

Applied For
 Not Applicable

Zip **34668** Country **PASCO**

Zip Country

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

MCCONKEY, MARJ
9229 WOOD DRIVE
HUDSON FL 34667

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 **Marj McConkey, President**

1-9-2000

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 NAME STREET ADDRESS CITY-ST-ZIP	PD MCCONKEY, MARJ 9229 WOOD DRIVE HUDSON FL 34667	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCONKEY, WALTER N 9229 WOOD DRIVE HUDSON FL 34667	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MANIATES, MARION 7741 JUDITH CRESENT ST. PORT RICHEY FL 34668	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEVY, JOAN 9510 RICHWOOD LANE PORT RICHEY FL 34668	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PSETAS, GEORGE C 6710 EMBASSY BLVD., #105 PORT RICHEY FL 34668	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **MARJ MCCONKEY** **MARJ MCCONKEY - 1-9-2000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)