

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90075 032 ****61.25

DOCUMENT # N99000005058

1. Entity Name

PET AID SERVICE SOCIETY, INC.



Principal Place of Business

**9458 U.S. 19
PORT RICHEY FL 34668**

Mailing Address

**9458 U.S. 19
PORT RICHEY FL 34668**

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 **59-3595839**

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

**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. I am familiar with, and accept the obligations of registered agent.

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
Florida 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**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VD
MCCONKEY, WALTER N
9229 WOOD DRIVE
HUDSON FL 34667**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**STD
VESELY, JUDY
8445 THRASHER COURT
NEW PORT RICHEY FL 34654**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**TD
LEVY, JOAN
9510 RICHWOOD LANE
PORT RICHEY FL 34668**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**TD
PSETAS, GEORGE C
10816 US HIGHWAY 19
PORT RICHEY FL 34668**

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☐ Change ☐ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/03 *737-817-1812*
Date Printing Phone #

CR2E037 (10/02)