2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State
07-25-2001 90002 044 ***150.00

DOCUMENT # P00000015494

1. Entity Name
AFFECTIONATELY PETS HOUSE CALLS, INC.

A00079437

Principal Place of Business	Mailing Address
7177 COLUMBIA CIRCLE FORT MYERS FL 33908	7177 COLUMBIA CIRCLE FORT MYERS FL 33908

DO NOT WRITE IN THIS SPACE

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: applied for — ☑ 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
LARROW, PAUL L 3501-302 DEL PRADO BLVD. CAPE CORAL FL 33904	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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) — ☐

Corporation Fee is $150.00. After May 1, 2001 Fee will be $550.00. Make Checks Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: RAMIREZ, IRIS STREET ADDRESS: 7177 COLUMBIA CIRCLE CITY-ST-ZIP: FORT MYERS FL 33908	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Iris Ramirez — resubmit 7/18/01 (941) 454 7387
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
A0079457

To Dept of State.

Ref: P0000000 15494

I am resubmitting my See check enclosed $50- and $50 annual form. I sent you a check and form in April CK #127 $150. It has not yet cleared my bank. I called your office & they have no record of me filing. I am sending copies of my original forms with one signed and dated today as she told me to do. Please do not cash both my checks if the first one shows up.

Thank you,

Lisa Ramirez

7/18/01