FILED

941-724-4967 Daytime Phone #

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Sep 06, 2001 8:00 am Secretary of State P00000055033 DOCUMENT # 1. Entity Name 09-06-2001 90245 018 \*\*\*150.00 WAGGIN TAILS BY TISH, INC Principal Place of Business Mailing Address 2128 LINWOOD DR 2128 LINWOOD DR. SARASOTA FL 34232 SARASOTA FL 34232 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 65-1019569 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JONES, PATRICIA A Street Address (P.O. Box Number is Not Acceptable) 2128 LINWOOD DR. SARASOTA FL 34232 Zip Code City FL 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (5/01) ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME JONES, PATRICIA A NAME STREET ADDRESS STREET ADDRESS 2128 LINWOOD DR. CITY-ST-7IE CITY-ST-7IP Sarasota FL 34232 ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT! F ☐ Change Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP pis filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information for and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director legal to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the informa indicated on this report or supp tal report is, of the corporation or the recei changed, or on an attachmen

Il other like empowered

D NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Dear Department of corporations I writing you this letter of Apology for my tartiness on payment due as of may 2001 for the Amount of 150.00. I phones a consultant on this matter and was told to write you a letter stating my lateness, Well ist off I didn't Recive any notice of this payment due till min July. My Accountant never informen me of this due, Being my first year I was unaware of this due date, A Fler I did, I. found out my accountant was out of the country till Aug 13th: So unfortunalty I was unable to get my FID#! Then on the 18th of Aug, I wrote a check, But as bad luck always runs in 3's I had my purse stolen with check book and all possesions in it. CASE # 01-70002 in the Sarasota County Sherviffs office. I just now am able to get back on my feet and able to access my Account, Please, accept this check kno my Apology, of Tish