2002 UNIFORM BUSINESS REPORT (UBR)

P00000061990 **DOCUMENT#**

1. Entity Name

ALL BREEDS PET SALON, INC.

Principal Place of Business 1955-D S. TAMIAMI TRIAL VENICE FL 34293		Mailing Address 1965-D S. TAMIAMI TRIAL VENICE FL 34293								
2. Principal Pla	ce of Business	3. Mailing Address	3. Mailing Address		1 1001(0)	it sáith agus bann i	rilli Baltı Patil	i Bital Ilaia Isira	INITE OF ILEON	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State	City & State		El Number	65-102519	125 144		ot Applicable	
Zip Country		Zip	Zip Country		5. Certificate of Status Desired Fee F			\$8.75 Ad	75 Additional Required	
	6. Name and Address of Current	Registered Agent	<u> </u>	7. N	lame and A	ddress of New	Registered	Agent		
	6. Name and Address of Content	Tregiotered region	Name							
	BERT L ESO		Street Address			s (P.O. Box Number is Not Acceptable)				
2790 SUNS	SET POINT ROAD		<u> </u>							
CLEARWAT	TER FL 33759							T 71 0		
			City				F			
O. The above	named entity submits this statement for	or the purpose of changing its	s registered office or re	egistered age	ent, or both,	in the State of	Florida. I ar	n familiar with	, and accept	
the obligation	ons of registered agent.	or the perpose of the said of								
_										
SIGNATURE _	Signature, typed or printed name of registered agen	t and title if applicable. (NO	TE: Registered Agent signature	required when re	einstating)		DATE	<u> </u>		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		After September 1	FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$75 Make Check Payable to Department of \$		Trus	tion Campaign t Fund Contribu	ution.	Adde	00 May Be ed to Fees	
	OFFICERS AND		12.	AD	DITIONS/C	HANGES TO C	OFFICERS A	ND DIRECTOR	RS IN 11	
TITLE	PD	Delete	TITLE					☐ Change	☐ Addition	
NAME	TEGEDUS, LAURA		NAME							
STREET ADDRESS	1965 D S. TAMIAMI TRIAL		STREET ADDRESS							
CITY-ST-ZIP	VENICE FL 34293		CITY-ST-ZIP					Change	Addition	
TITLE	VD	Delete	TITLE					Change		
NAME	HEGEDUS, ROBERT_		NAME STRFET ADDRESS							
STREET ADDRESS	1985-D S. TAMIAMI TRIAL	•	CITY-ST-ZIP							
CITY-ST-ZIP	VENICE FL 34293		TITLE					☐ Change	☐ Addition	
TITLE	STD De HARL	☐ Delete	NAME							
NAME	KEARNS, ANNE 1965-D S. TAMIAMI TRIAL		STREET ADDRESS							
STREET ADDRESS CITY-ST-ZIP	VENICE FL 34293		CITY-ST-ZIP							
	TENOE I E O IESO	Delete	TITLE					Change	Addition	
TITLE NAME		<u> </u>	NAME							
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP	1130		CITY-ST-ZIP						Addition	
TITLE	, , , ,	☐ Delete	TITLE					☐ Change	e	
NAME	11		NAME							
STREET ADDRESS	18.74		STREET ADDRESS CITY-ST-ZIP							
CITY-ST-ZIP	N. S. C.		_					Change	e 🔲 Addition	
TITLE		☐ Delete	TITLE							
NAME			NAME STREET ADDRESS							
STREET ADDRESS			CITY-ST-ZIP	l						
CITY-ST-ZIP	1		0.7.7 DT E.N							

FILED Jul 22, 2002 8:00 am Secretary of State 07-22-2002 90165 029 ***550.00

ame Treet address Ty-st-zip	HEGEDUS, LAURA 1965 D. S. TAMIAMI TRIAL VENICE FL 34293		STREET ADDRESS CITY-ST-ZIP	Change [Addition
TLE Ame Treet address ITY-ST-ZIP	VD HECEDUS, ROBERT (1985-D S. TAMIAMI TRIAL VENICE FL 34293	© Voelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TLE AME TREET ADDRESS ITY-ST-ZIP	STD. De HOVEH KEARNS, ANNE 1965-D S. TAMIAMI TRIAL VENICE FL 34293	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Addition
ITLE IAME STREET ADDRESS SITY-ST-ZIP) 11 3 0	Delete	_TITLE NAME STREET ADDRESS CITY-ST-ZIP		Addition
ITLE IAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP		Addition
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:

