

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90013 004 ***158.75

DOCUMENT # P00000077675

1. Entity Name

MR. AND MRS. PET OF MARTIN COUNTY INC.

Principal Place of Business

**2321 S E FEDERAL HIGHWAY
 STUART FL 34994**

Mailing Address

**2321 S E FEDERAL HIGHWAY
 STUART FL 34994**

2. Principal Place of Business

**3239 Sw Mapp Rd
 Suite, Apt. #, etc.**

3. Mailing Address

**3239 Sw Mapp Rd
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

**Palm City FL
 Zip 34990 Country Martin**

City & State

**Palm City FL
 Zip 34990 Country Martin**

4. FEI Number

65-1050552

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BARRINGER, JOHN CHESTER
 1303 S E MADISON AVENUE
 STUART FL 34994**

7. Name and Address of New Registered Agent

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]
 Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/28/02
 DATE

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
 NAME **BARRINGER, JOHN CHESTER**
 STREET ADDRESS **2321 S E FEDERAL HIGHWAY**
 CITY-ST-ZIP **STUART FL 34994**

TITLE **V** ☒ Delete
 NAME **WAHOSKY, KRISTEN**
 STREET ADDRESS **2321 S E FEDERAL HIGHWAY**
 CITY-ST-ZIP **STUART FL 34994**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ Change ☒ Addition
 NAME **Shaun Pope**
 STREET ADDRESS **3239 Sw Mapp Rd**
 CITY-ST-ZIP **Palm City FL 34990**

TITLE **P** ☒ Change ☐ Addition
 NAME **John C Barringer**
 STREET ADDRESS **3239 Sw Mapp Rd**
 CITY-ST-ZIP **Palm City FL 34990**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/02
 Date

561-221-0647
 Daytime Phone #

CR2E034 (9/01)