

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000077675

FILED  
Apr 29, 2003  
Secretary of State

**Entity Name:** MR. AND MRS. PET OF MARTIN COUNTY INC.

**Current Principal Place of Business:**

3239 SW MAPP RD  
PALM CITY, FL 34990

**New Principal Place of Business:**

**Current Mailing Address:**

3239 SW MAPP RD  
PALM CITY, FL 34990

**New Mailing Address:**

**FEI Number:** 65-1050552

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BARRINGER, JOHN CHESTER  
1303 S E MADISON AVENUE  
STUART, FL 34996 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BARRINGER, JOHN C  
Address: 3239 SW MAPP RD  
City-St-Zip: PALM CITY, FL 34990

Title: VP ( ) Delete  
Name: POPE, SHAWN  
Address: 3239 SW MAPP RD  
City-St-Zip: PALM CITY, FL 34990

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: DAVIS, DEBORAH  
Address: 3239 SW MAPP RD  
City-St-Zip: PALM CITY, FL 34990

Title: SEC ( ) Change (X) Addition  
Name: KIRBY, NICHOLE  
Address: 3239 SW MAPP ROAD  
City-St-Zip: PALM CITY, FL 34990

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICHOLE KIRBY

SECR

04/29/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date