

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90243 024 ***158.75

DOCUMENT # P00000077693

1. Entity Name
PORT MALABAR PET SALON, INC.

Principal Place of Business

~~2200 PORT MALABAR BOULEVARD~~
~~SUITE 8~~
PALM BAY FL 32905

Mailing Address

2200 PORT MALABAR BOULEVARD
SUITE 8
PALM BAY FL 32905



2. Principal Place of Business

4600 DIXIE HWY NE

3. Mailing Address

(SAME)

Suite, Apt. #, etc.

Suite 7

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PALM BAY FL

City & State

PALM BAY FL

4. FEI Number

65-1031645

Applied For

Not Applicable

Zip

32905

Country

FLORIDA

Zip

32905

Country

FLORIDA

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

GIBSON, JAN

~~2200 PORT MALABAR BOULEVARD~~

~~SUITE 8~~

PALM BAY FL 32905

Name

Street Address (P.O. Box Number is Not Acceptable)

4600 DIXIE HWY, Suite 7

City

PALM BAY

FL

Zip Code

32905

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 of Jan Gibson)

DIRECTOR / PRESIDENT

1/14/02

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) ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **GIBSON, JAN**
CITY-ST-ZIP **2200 PORT MALABAR BOULEVARD, SUITE 8**
PALM BAY FL 32905

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **CAVES, JANEL**
CITY-ST-ZIP **2200 PORT MALABAR BOULEVARD, SUITE 8**
PALM BAY FL 32905

TITLE ☒ Change ☐ Addition
NAME **DELETE**
STREET ADDRESS **DELETE**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **DIRECTOR**
STREET ADDRESS **MARY E. BROOKS**
CITY-ST-ZIP **734 BIANCA DR. S.S.# 357-36-2701**
PALM BAY FL 32905

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 of Jan Gibson)
REQUIRE PRESIDENT

01/14/2002 321-722-1913

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)