

# 2001 UNIFORM BUSINESS REPORT (UBR)

0007959

DOCUMENT # P00000079929

Entity Name  
**PALM COAST PET GROOMING, INC.**

FILED

02 APR 11 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT** 01-02

Principal Place of Business  
**4996 PALM COAST PKWY. NW  
SUITE 4B  
PALM COAST FL 32137**

Mailing Address  
**4996 PALM COAST PKWY. NW  
SUITE 4B  
PALM COAST FL 32137**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**59-3702944**

Applied For  
Not Applicable

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

**NAPOLI, DEBORAH  
137 WYNNFIELD DR.  
PALM COAST FL 32164**

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 *Deborah Napoli*  
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, 2001 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 *Deborah Napoli - President* ☐ Delete  
NAME  
STREET ADDRESS *4996 Palm Coast Parkway Suite 4B*  
CITY-ST-ZIP *Palm Coast FL, 32137*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**500005326535-8**  
**-04/23/02--01058--005**  
**\*\*\*\*\*32.50 \*\*\*\*\*32.50**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**500005326535--6**  
**-04/23/02--01058--006**  
**\*\*\*\*\*876.25 \*\*\*\*\*876.25**

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

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: *Deborah Napoli*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

January 29, 2002

PALM COAST PET GROOMING, INC.  
4996 PALM COAST PKWY. NW  
SUITE 4B  
PALM COAST, FL 32137

SUBJECT: PALM COAST PET GROOMING, INC.  
Ref. Number: P00000079929

We have received your document for PALM COAST PET GROOMING, INC. and check(s) totaling \$908.75. However, your check(s) and document are being returned for the following:

You failed to make the correction(s) requested in our previous letter.

Pursuant to section 607.1422(1)(b), 617.1422(1)(b), or 608.4482, Florida Statutes, your designated registered agent must acknowledge the designation by signing in the appropriate block of the form.

List the complete title, name, street address, city, state and zip code of each officer/director of the corporation.

The person that signed the annual report/uniform business report is not listed as a current officer/director of the corporation. The person signing must be listed as a current officer/director on the report or on an attachment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tyrone Scott  
Document Specialist

Letter Number: 302A00005238