

2001 UNIFORM BUSINESS REPORT (UBR)

4/31

FILED
Jun 02, 2001 8:00 am
Secretary of State

04-30-2001 90131 023 ***150.00

DOCUMENT # P00000089148

1. Entity Name

SUNSHINE HOME AND PET WATCHERS, INC.

Principal Place of Business

Mailing Address

P O BOX 427
 BONITA SPRINGS FL 34133

P O BOX 427
 BONITA SPRINGS FL 34133

NEW ADDRESS

2. Principal Place of Business

9100 Southmont Cove

3. Mailing Address

9100 Southmont Cove

Suite, Apt. #, etc.

#304

Suite, Apt. #, etc.

#304

City & State

Ft. Myers FL

City & State

Ft. Myers FL

Zip

33908

Country

USA

Zip

33908

Country

USA

4. FEI Number

Applied For

☒ 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

RIEDY, JENNIFER L
28410 DOVEWOOD CT #302
BONITA SPRINGS FL 34135

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, 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	Owner	<input type="checkbox"/> Delete
NAME	Jennifer L. Riedy	
STREET ADDRESS	9100 Southmont Cove #304	
CITY-ST-ZIP	Ft. Myers, FL 33908	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Jennifer L. Riedy **Jennifer L. Riedy**

4/15/01 (941) 949-9064

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jennifer L. Riedy **5/25/01**

CR2E034 (10/00)