

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90046 011 ***150.00

DOCUMENT # P00000096000

1. Entity Name

PET'S PLAYGROUND GROOMING SCHOOL, INC.



Principal Place of Business

1296 N. FEDERAL HIGHWAY
POMPANO BEACH FL 33062

Mailing Address

1296 N. FEDERAL HIGHWAY
POMPANO BEACH FL 33062

2. Principal Place of Business

1296 N. Federal Hwy

Suite, Apt. #, etc.

Pompano Bch, Fl. 33062

City & State

3. Mailing Address

1296 N. Federal Hwy

Suite, Apt. #, etc.

Pompano Bch, Fl 33062

City & State



MOORE

CR2E034 (11/03)

4. FEI Number

58-2582402

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SILVERMAN, GLENN B
1355 W. PALMETTO PARK RD., #305
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name

LISA M. Silverman

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

6264 Amberwoods Drive

City

BOCA RATON

FL

Zip Code

33433

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE LISA M. Silverman

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

(NOTE: Registered Agent signature required when reinstating)

Lisa M. Silverman 4/6/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CPDT
NAME SILVERMAN, GLENN B ☒ Delete
STREET ADDRESS 6264 AMBERWOODS DR.
CITY-ST-ZIP BOCA RATON FL 33433

TITLE VSM
NAME SILVERMAN, LISA M ☐ Delete
STREET ADDRESS 6264 AMBERWOODS DRIVE
CITY-ST-ZIP BOCA RATON FL 33433

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE REGISTERED AGENT
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lisa M. Silverman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/04

Date

954-782-4994

Daytime Phone #