

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000103042

1. Entity Name

PET SALON GROOMING & BOARDING, INC.

Principal Place of Business

818 HUSSON AVE  
PALATKA FL 32177

Mailing Address

818 HUSSON AVE  
PALATKA FL 32177

2. Principal Place of Business

818 HUSSON AVE

Suite, Apt. #, etc.

3. Mailing Address

818 HUSSON AVE

Suite, Apt. #, etc.

City & State

PALATKA FL

City & State

PALATKA FL

Zip

32177

Country

Putnam

Zip

32177

Country

Putnam

4. FEI Number

59-3680108

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KERCE, DORENE J  
112 HIBISCUS STREET  
PALATKA FL 32177

7. Name and Address of New Registered Agent

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	DORENE JUDY KERCE	112 HIBISCUS STREET	PALATKA, FLA 32177	ADDED
				President
V	CHARIE K. TENNANT	818 HUSSON AVENUE	PALATKA, FLA 32177	ADDED
				V. President
D	CHARIE K. TENNANT	818 HUSSON AVENUE	PALATKA, FLA 32177	ADDED
				Director
S	CHARIE K. TENNANT	818 HUSSON AVENUE	PALATKA, FLA 32177	ADDED
				Secretary
C	DOROTHY I ISOR	2123 CAMPBELL STREET	PALATKA FLA 32177	ADDED
				Chairman
T	DORENE JUDY KERCE	112 HIBISCUS STREET	PALATKA, FLA 32177	ADDED
				Treasurer

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

Dorene Judy Kerce

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Registered Agent 7/13/2001 904-312-8500

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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