

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90159 029 \*\*\*150.00

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 Avenue

3. Mailing Address  
Same

Suite, Apt. #, etc.  
Palatka Fla

Suite, Apt. #, etc.

City & State

City & State

Zip 32177 Country Panama

Zip Country

4. FEI Number 59-3680108

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

KERCE, DORENE J  
2402 PRESIDENT 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Dorene J. Kerce President/owner 4/2/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME PT  
STREET ADDRESS KERCE, DORENE J  
CITY-ST-ZIP 2402 PRESIDENT STREET  
PALATKA FL 32177 President owner

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

TITLE  
NAME ~~VP~~  
STREET ADDRESS TENNANT, CHARLIE K  
CITY-ST-ZIP 818 HUSSON AVE  
PALATKA FL 32177 Vice President

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

TITLE  
NAME C  
STREET ADDRESS ISER, DOROTHY I  
CITY-ST-ZIP 2123 CAMPALL ST  
PALATKA FL 32177 Treasurer

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

TITLE  
NAME ~~ISSR~~  
STREET ADDRESS ~~2123 CAMPALL ST~~  
CITY-ST-ZIP ~~PALATKA FLA 32177~~ Chairman Secretary

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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: SIGNATURE OF REGISTERED AGENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/03 386 3128500  
Date Daytime Phone #

CR20034 (10/02)