2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 AM
Secretary of State

DOCUMENT# P01000009878

Entity Name: PET PARADISE RESORT, INC.

Current Principal Place of Business:

7 SAN BARTOLA DRIVE
ST AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

7 SAN BARTOLA DRIVE
ST AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 59-3694906 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHITLOCK, DENISE Q
7 SAN BARTOLA DRIVE
ST AUGUSTINE, FL 32086

Name and Address of New Registered Agent:

HAUPT, NORMA P
7 SAN BARTOLA DRIVE
ST AUGUSTINE, FL 32086

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: NORMA P. HAUPT 04/16/2002
Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CHARLES, FRANK
Address: 201 HEALTHPARK BLVD
City-St-Zip: ST AUGUSTINE, FL 32086

Title: VS ( ) Delete
Name: HAUPT, NORMA
Address: 1100 OAK RIDGE ROAD
City-St-Zip: ST AUGUSTINE, FL 32086

Title: T (X) Delete
Name: WHITLOCK, DENISE Q
Address: 513 TWELFTH STREET
City-St-Zip: ST AUGUSITNE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK A. CHARLES P 04/16/2002
Electronic Signature of Signing Officer or Director Date