

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90216 036 ***150.00

DOCUMENT # P01000015915

1. Entity Name

ME AND MY DOG TRAINING SCHOOL, INC.



Principal Place of Business
**13131 TARPON SPRINGS RD
ODESSA FL 33556**

Mailing Address

~~434 WATERFORD CIR EAST
TARPON SPRINGS FL 34689~~

2. Principal Place of Business

3. Mailing Address

**ME AND MY DOG
Training School
Joel Zuckerman**

Suite, Apt. #, etc.

Suite, ~~13131~~ **13131 Tarpon Springs Rd
Odessa, FL 33556**

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3703491

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

**ZUCKERMAN, JOEL
~~434 WATERFORD CIR EAST
TARPON SPRINGS FL 34689~~**

**ME AND MY DOG
Training School
Joel Zuckerman
13131 Tarpon Springs Rd
Odessa, FL 33556**

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

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 STREET ADDRESS CITY-ST-ZIP | D ZUCKERMAN, JOEL 434 WATERFORD CIR EAST TARPON SPRINGS FL 34689 13131 Tarpon Springs Rd Odessa, FL 33556 |
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CR2E034 (10/02)

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #