2002 UNIFORM BUSINESS REPORT (UBR)

FILED
02 MAY -6 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000028437

1. Entity Name
CHARLOTTE COUNTY CRITTER SITTER, INC.

Principal Place of Business	Mailing Address
5169 CHAVES CIRCLE PORT CHARLOTTE FL 33948	5169 CHAVES CIRCLE PORT CHARLOTTE FL 33948

03/04/02 01049 008 $35.00
03/25/02-90054-001 $115.00

2. Principal Place of Business	3. Mailing Address
1231 MARKET CR.	1231 MARKET CR.
Suite, Apt. #, etc.: UNIT 4	Suite, Apt. #, etc.: UNIT 4
City & State: PORT CHARLOTTE, FL	City & State: PORT CHARLOTTE, FL
Zip: 33953 Country: USA	Zip: 33953 Country: USA

4. FEI Number: 65-1081455 ☐ 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
BAVOSA, JO ELLEN 5169 CHAVES CIRCLE PORT CHARLOTTE FL 33948	Name: BAVOSA, JO ELLEN Street Address (P.O. Box Number Is Not Acceptable): 1231 MARKET CR UNIT 4 City: PORT CHARLOTTE FL Zip Code: 33953

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] JO ELLEN BAVOSA 3-11-02
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, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BAVOSA, JO ELLEN 5169 CHAVES CIRCLE PORT CHARLOTTE FL 33948 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP 1231 MARKET CR, UNIT 4 PORT CHARLOTTE, FL 33953 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV MOYER, SHAWN 5169 CHAVES CIRCLE PORT CHARLOTTE FL 33948 ☒ 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
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CR2E034 (9/01)

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: [signature] REQUIRED JO ELLEN BAVOSA 3-11-02 (941) 255-7872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #