

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90130 020 \*\*\*150.00

**DOCUMENT # P01000031748**

Entity Name  
**WAGGIN TAIL DOG GROOMING AND DO IT YOURSELF DO**  
**WASH, INC.**

Principal Place of Business <b>4025 W WATERS AVENUE, STE 112</b> <b>TAMPA FL 33604</b>	Mailing Address <b>4025 W WATERS AVENUE, STE 112</b> <b>TAMPA FL 33604</b>
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DO NOT WRITE IN THIS SPACE

Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3737766</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		Zip		Country	

6. Name and Address of Current Registered Agent <b>COE, TINA</b> <b>4025 W WATERS AVENUE, STE 112</b> <b>TAMPA FL 33604</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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1. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
FILE NAME PD <b>COE, TINA</b>	<input type="checkbox"/> Delete	TITLE NAME <b>COE, TINA</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
STREET ADDRESS <b>4025 W WATERS AVENUE, STE 112</b>		STREET ADDRESS			
CITY-ST-ZIP <b>TAMPA FL 33604</b>		CITY-ST-ZIP			
FILE NAME VSTD <b>ESPINA, MIKE</b>	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
STREET ADDRESS <b>4025 W WATERS AVENUE, STE 112</b>		STREET ADDRESS			
CITY-ST-ZIP <b>TAMPA FL 33604</b>		CITY-ST-ZIP			
FILE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
FILE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
FILE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			

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: *Tina M Coe* **COE, TINA M COE** 6/22/02  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)