

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90152 026 \*\*\*150.00

**DOCUMENT # P01000043365**

**1. Entity Name**  
**JERSEY DOGS, INC.**



**Principal Place of Business**  
**3153 B HURON STREET**  
**OLDSMAR FL 34677**

**Mailing Address**  
**3153 B HURON STREET**  
**OLDSMAR FL 34677**



**JERSEY DOGS, INC.**  
**DBA: BRUNO'S FINE ITALIAN DINING**  
**32 75TH AVENUE**  
**ST. PETERSBERG BEACH, FL. 33706**

**JERSEY DOGS, INC.**  
**DBA: BRUNO'S FINE ITALIAN DINING**  
**432 75TH AVENUE**  
**ST. PETERSBERG BEACH, FL. 33706**

☒ **CHECK HERE IF MAKING CHANGES**

**FEI Number** **59-3725767**

**Applied For**  
**Not Applicable**

**Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SHAW, PEGGY**  
**3153 B HURON STREET**  
**OLDSMAR FL 34677**

**7. Name and Address of New Registered Agent**

**Name** **SHAW, PEGGY**  
**Street Address (P.O. Box Number is Not Acceptable)** **6100 GULFPORT BLVD**  
**APT 217**  
**City** **S. PETERSBURG** **FL** **Zip Code** **33707**

**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** *Peggy Shaw*

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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>SHAW, PEGGY</b>	
<b>STREET ADDRESS</b>	<b>3153 B HURON STREET</b>	
<b>CITY-ST-ZIP</b>	<b>OLDSMAR FL 34677</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>SHAW PEGGY</b>	
<b>STREET ADDRESS</b>	<b>6100 GULFPORT BLVD APT 217</b>	
<b>CITY-ST-ZIP</b>	<b>S. PETERSBURG, FL 33707</b>	
<b>TITLE</b>		<input checked="" type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:** *Peggy Shaw* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-14-03**

Date

**727-686-4251**

Daytime Phone #

CR2E034 (10/02)