


**FILED**  
**May 16, 2003 8:00 am**  
**Secretary of State**

05-16-2003 90188 017 \*\*\*150.00

2003 **FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> P01000046329	
<b>1. Entity Name</b> Puppy Country IV, Inc.	

**DO NOT WRITE IN THIS SPACE**

90135934

<b>2. Principal Place of Business</b> 15974 St Rd 84 Suite, Apt. #, etc. City & State Sunrise FL Zip 33326 Country US	<b>3. Mailing Address</b> 15974 St Rd 84 Suite, Apt. #, etc. City & State Sunrise FL Zip 33326 Country US
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<b>DO NOT WRITE IN THIS SPACE</b>	<b>4. FEI Number</b> 65-1101028	<b>Applied For</b> <input type="checkbox"/> Not Applicable
	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
	<b>7. Name and Address of Current Registered Agent</b>	
	Name: Spiegel & Utrera, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 Almeric Ave City: Coral Gables FL Zip Code: 33134	

**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

January 1 - May 1, Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$81.25  
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD. Augenstein, Jennifer 15974 St Rd 84 Sunrise FL 33326	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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 on an attachment with an address with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/13/03

CR2E034B (12/02)



Attachment

90135934

# P 6000046329

**ACCOUNTING & TAX SERVICE, INC.**

2825 N. University Drive, Ste 410 • Coral Springs, Florida 33065  
(954) 752-3909 • Fax: (954) 752-7480

May 13, 2003

Florida Department of State  
Jim Smith  
Secretary of State  
Division of Corporations

Re: Puppy Country IV, Inc  
15974 St. Road 84  
Sunrise, FL 33326

To Whom It May Concern:

We are the accounting firm for the above-mentioned client. As a result of miscommunication on our part to the client she is submitting the Uniform Business Report after the due date of May 1, 2003. We are including a check in the amount of \$150.00. The \$150.00 will cover the renewal for 2003. We ask you to consider the clients past payment history and that this was truly an oversight.

Your consideration in this matter is greatly appreciated.

Sincerely,

Donna Kent