

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92202 022 ***150.00

DOCUMENT # **PO1000048390**

1. Entity Name

THE PET PROFESSIONALS, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9211 N. 28th STREET

Suite, Apt. #, etc.

3. Mailing Address

9211 N. 28th STREET

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TAMPA FLORIDA

Zip

33612-8708

Country

HILLSBOROUGH

City & State

TAMPA FLORIDA

Zip

33612-8708

Country

HILLSBOROUGH

4. FEI Number

59-3716077

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number, is Not Acceptable)

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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 \$350.00

Amended UBR is \$61.25

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

**GUTHRIE, KAREN L.
9211 N. 28th STREET
TAMPA FLORIDA 33612-8708**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Karen L. Guthrie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-03

Date

813-930-2618

Daytime Phone #

CP2000E (03/02)