

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

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90119 047 ***150.00

DOCUMENT # P01000051260

1. Entity Name

PEANUTS PETS, INCORPORATED

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1964 INDIAN ROCKS RD

Suite, Apt. #, etc.

3. Mailing Address

1964 INDIAN ROCKS RD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LARGO FL

City & State

LARGO FL

4. FEI Number

59-3722250

Applied For

Not Applicable

Zip

33774

Country

USA

Zip

33774

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

GARY LYONS

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

311 SOUTH MISSOURI AVE

City

CLEARWATER

FL

Zip Code

33756

**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.

SIGNATURE

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) ☒

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	SHARI S WHITE 1964 INDIAN ROCKS RD LARGO FL 33774
TITLE NAME STREET ADDRESS CITY - ST - ZIP	JAMES K WHITE 1964 INDIAN ROCKS RD LARGO FL 33774
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Shari S White

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/02

Date

727-584645

Daytime Phone #

CR2E034B (12/01)