

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90160 050 \*\*\*150.00

DOCUMENT # P01000062523

1. Entity Name  
LAURA FAIR PET AU PAIR, INC.



Principal Place of Business  
1338 TANGLEWOOD PARKWAY  
FORT MYERS FL 33919-1948

Mailing Address  
1338 TANGLEWOOD PARKWAY  
FORT MYERS FL 33919-1948



2. Principal Place of Business

3. Mailing Address

1338 Tanglewood Pkwy  
Suite, Apt. #, etc.  
N/A

SAME  
Suite, Apt. #, etc.  
N/A

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

FT. MYERS, FL ~~33919-1948~~

SAME

4. FEI Number 65-1120102

Applied For  
Not Applicable

Zip  
33919-1948

Country  
USA

Zip  
Same

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMOOT, TOM III  
1533 HENDRY STREET  
SUITE 200  
FORT MYERS FL 33901

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD RANDELL, LAURA F 1338 TANGLEWOOD PARKWAY FORT MYERS FL 33919-1948	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Laura Fair Randell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 29 April 2003 Daytime Phone # 936 7521

CR2E034 (10/02)