

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

0059861 AV

DOCUMENT # P01000062679

1. Entity Name

ALL BREEDS MOBILE PET GROOMING, INC.

04-09-2002 90068 022 ***150.00

Principal Place of Business

**12 JONQUIL
 FT. WALTON BCH FL 32549**

Mailing Address

**POST OFFICE BOX 2410
 FORT WALTON BEACH FL 32549**

2. Principal Place of Business

2542 Bluewater Dr.

3. Mailing Address

P.O. Box 6616

Suite, Apt. #, etc.

Navarre, FL.

Suite, Apt. #, etc.

City & State

City & State

Navarre, FL

4. FEI Number

59-3730294

Applied For

Not Applicable

Zip

32566

Country

US

Zip

32566

Country

US

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

**SNYDER, MATTHEW
 2542 BLUEWATER DRIVE
 NAVARRE FL 32566**

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.

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. ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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 **D** ☐ Delete
 NAME **SNYDER, MATTHEW**
 STREET ADDRESS **P. O. BOX 2410**
 CITY-ST-ZIP **FT. WALTON BCH FL 32549**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **X**
 STREET ADDRESS **P.O. Box 6616**
 CITY-ST-ZIP **Navarre, FL 32566**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MATTHEW SNYDER

Date

4-2-02

Daytime Phone #

850-936-4420

CR2E034 (9/01)