

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

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90627 037 ***150.00

DOCUMENT # P01000072205

1. Entity Name
YOUR MOM'S DOG MARKETING, INC.



Principal Place of Business
**6648 MISSION CLUB BLVD #206
ORLANDO FL 32821**

Mailing Address
**6648 MISSION CLUB BLVD #206
ORLANDO FL 32821**



2. Principal Place of Business

3. Mailing Address

13237 Heather Moss Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1013

City & State

Orlando, FL

4. FEI Number **59-3733712**

Applied For

Not Applicable

Zip

Country

32837

Country

USA

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

**SALO, COLLEEN
6648 MISSION CLUB BLVD #206
ORLANDO FL 32821**

Name

Joel Guske

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

13237 Heather Moss Dr #1013

City

Orlando

FL

Zip Code

32837

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 **Joel Guske**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

3/19/03
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 **D** ☐ Delete
NAME **TURNER, CARRIE**
STREET ADDRESS **15414 LAFITE LANE**
CITY-ST-ZIP **CLERMONT FL 34711**

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

TITLE **D** ☐ Delete
NAME **SALO, COLLEEN**
STREET ADDRESS **6648 MISSION CLUB BLVD #206**
CITY-ST-ZIP **ORLANDO FL 32821**

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

TITLE **D** ☐ Delete
NAME **GUSKE, JOEL**
STREET ADDRESS **945 BRADSHAW TERR**
CITY-ST-ZIP **ORLANDO FL 32806**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joel Guske

3/19/03
Date

321-848-3461
Daytime Phone #

CR2E034 (10/02)