

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

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90033 017 ***150.00

DOCUMENT # P01000081777
1. Entity Name
Sharman Pickle Pet Sitting, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4724 Grove Point Dr.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 273257
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tampa, Fla.
City & State
Tampa, FL
Zip
33624 Hillsborough
Zip
33688-3257 Hillsborough

4. FEI Number
59-3739533
Applied For
Not Applicable
Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

5. Name and Address of Current Registered Agent
Name
Sharman Pickle
Street Address (P.O. Box Number is Not Acceptable)
4724 Grove Point Dr.
City
Tampa FL Zip Code
33624

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	<u>President Sharman Pickle (Hurd) 4724 Grove Point Dr. Tampa, FL 33624</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Sharman E. Pickle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Sharman E. Hurd
Date 2-8-02 Daytime Phone # 813-265-6711

CR2E034B (12/01)