

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2002 8:00 am
Secretary of State

0366979 AV

03-15-2002 90022 040 ***150.00

DOCUMENT # P01000086753

1. Entity Name
PET NANNY RESORT, INC.

Principal Place of Business Mailing Address
8 RIPLEY WAY 8 RIPLEY WAY
BOYNTON BCH FL 33426 BOYNTON BCH FL 33426



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1450 SW 10th ST 1450 SW 10th ST
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite #5 bldg B Suite #5 bldg B
 City & State City & State
Delray Bch, FL Delray Bch, FL
 Zip Country Zip Country
33444 P.B. County 33444 P.B. County

4. FEI Number Applied For
05-1142317 Not Applicable

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

WILSON, ARLENE J
8 RIPLEY WAY
BOYNTON BCH FL 33426

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 _____ (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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILSON, ARLENE J 8 RIPLEY WAY BOYNOTN BCH FL 33426	<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

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 empowerd.

SIGNATURE: *Arleene J. Wilson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-02 (501)
330-0224
 Date Daytime Phone #

CR2E034 (9/01)