

2002 UNIFORM BUSINESS REPORT (UBR)

AMEND

APPROVED
AND
FILED

DOCUMENT # P01000096329

1. Entity Name
BARKS N BUBBLES, INC.

02 MAY -3 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
566 BARTON BLVD STE B
ROCKLEDGE FL 32955

Mailing Address
566 BARTON BLVD STE B
ROCKLEDGE FL 32955

2. Principal Place of Business

Same

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3747409

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ALFONSO, TERRI D
566 BARTON BLVD STE B
ROCKLEDGE FL 32955

Delete

7. Name and Address of New Registered Agent

Name

Sarah Abbott

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

566 Barton Blvd Suite B

City

Rockledge

FL

Zip Code

32955

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

X Sarah Abbott

5-1-02

Signature, typed or printed name of registered agent and date 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)

☒

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 NAME
STREET ADDRESS
CITY-ST-ZIP
Terri Alfonso, President
566 Barton Blvd
Rockledge, FL 32955

☒ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE NAME
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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
Sarah Abbott, President
566 Barton Blvd Suite B
Rockledge, FL 32955

☒ Change

☒ Addition

☐ Change

☐ Addition

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

TITLE NAME
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CITY-ST-ZIP
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 empowered.

SIGNATURE:

Sarah Abbott

Date

Day one Phone #

321-632-1617

5-1-02

321-632-1617

CR2E034 (9/01)