

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 11, 2004 8:00 am
Secretary of State

06-11-2004 90001 012 ***150.00

DOCUMENT #. P01000096329

1. Entity Name
BARKS N BUBBLES, INC.



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

Mailing Address
566 BARTON BLVD STE B
ROCKLEDGE FL 32955

04037133



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

566 Barton Blvd
Suite, Apt. #, etc. Ste B

City & State
Rockledge FL
32955
Country USA

3. Mailing Address

566 Barton Blvd
Suite, Apt. #, etc. Ste B

City & State
Rockledge FL
32955
Country USA

4. FEI Number
59-3747409

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ABBOTT, SARAH D
566 BARTON BLVD STE B
ROCKLEDGE FL 32955

7. Name and Address of New Registered Agent

Name **Sarah H ABBOTT**
Street Address **566 Barton Blvd Ste B**
City **Rockledge** **FL** **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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE **Sarah Abbott**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **4/20/04**

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ **Delete**
NAME **ABBOTT, SARAH**
STREET ADDRESS **566 BARTON BLVD**
CITY-ST-ZIP **ROCKLEDGE FL 32955**

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ **Change** ☐ **Addition**
NAME **Sarah Abbott**
STREET ADDRESS **566 Barton Blvd**
CITY-ST-ZIP **Rockledge FL 32955**

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

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

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

TITLE ☐ **Change** ☐ **Addition**
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:

Sarah Abbott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/04 **632 1617**

Date

Daytime Phone #

CR2E034 (10/02)