


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

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90238 041 \*\*\*150.00

<b>DOCUMENT #</b> P01000113776	
<b>1. Entity Name</b> Clip N' Care Professional Pet Grooming Service, INC.	

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 30846 Apawamis Dr. Suite, Apt. #, etc.	<b>3. Mailing Address</b> 30846 Apawamis Dr. Suite, Apt. #, etc.
<b>City &amp; State</b> Mount Plymouth, FL	<b>City &amp; State</b> Mount Plymouth, FL
<b>Zip</b> 32776	<b>Country</b>

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<b>DO NOT WRITE IN THIS SPACE</b>	<b>4. FEI Number</b> 02-0605082	<b>Applied For</b> <input type="checkbox"/> Not Applicable
	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
	<b>7. Name and Address of Current Registered Agent</b>	
	Name <u>Toro, Ruben D.</u> Street Address (P.O. Box Number is Not Acceptable) _____ 7345 Sand Lake RD, # 204 City <u>Orlando</u> <b>FL</b> Zip Code <u>32819</u>	

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

January 1: May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP DP Aguiar, Vanessa J. 30846 Apawamis Dr. Mout Plymouth, FL, 32776	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP D Cardoso, Carlos 30846 Apawamis Dr. Mout Plymouth, FL, 32776
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IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** Vanessa J. Aguiar **VANESSA J. AGUIAR** 4/30/03 (321) 217-9697  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)