

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

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90203 004 ***150.00

DOCUMENT # P0200000-1318

1. Entity Name

Susie's Pet Sitting Inc.

DO NOT WRITE IN THIS SPACE

40024591

2. Principal Place of Business

6300 NW 74 Ave
Suite, Apt. #, etc.

3. Mailing Address

6300 NW 74 Ave
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tamarac FL

City & State

Tamarac FL

4. FEI Number

80-0019875

Applied For

Not Applicable

Zip

33321

Country

USA

Zip

33321

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Susan Grimes

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

6300 NW 74 Ave

City

Tamarac

FL

Zip Code

33321

**DO NOT WRITE
IN THIS SPACE**

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

PRES.
Susan Grimes
6300 NW 74 Ave
Tamarac FL 33321

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
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:

Susan Grimes

2/28/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)