

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90163 029 \*\*\*150.00

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**DOCUMENT # P02000003326**

1. Entity Name  
UPPITY PET, INC.



Principal Place of Business  
1366 WOOD DUCK TRAIL  
NAPLES FL 34106

Mailing Address  
C/O EDWARD M. LIVINGSTON, ESO  
PO BOX 1599  
WINTER PARK FL 32789



2. Principal Place of Business  
12507 Shadow Run Blvd.  
Suite, Apt. #, etc.

3. Mailing Address  
c/o Edward M. Livingston, ESO  
Suite, Apt. #, etc.  
963 Trail Terrace Dr.

City & State  
Riverview, FL

City & State  
Naples, FL

Zip  
33569

Country  
USA

Zip  
34103

Country  
US

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

LIVINGSTON, EDWARD M  
628 ELLEN DR.  
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

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

963 Trail Terrace Drive

City  
Naples,

FL Zip Code  
34103

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 *Edward M. Livingston*  
Signature, typed or printed name of registered agent and title if applicable.

Edward M. Livingston

April 14, 2003

(NOTE: Registered Agent signature required when reinstating)

DATE

**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  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
COLLINS, KIM MARIE  
1366 WOOD DUCK TRAIL  
NAPLES FL 34106 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
COLLINS, H. WILLIAM  
1366 WOOD DUCK TRAIL  
NAPLES FL 34106 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
d,p,t  
12507 Shadow Run Blvd.  
Riverview, FL 33569 ☒ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
d, vp, s  
12507 Shadow Run Blvd.  
Riverview, FL 33569 ☒ Change ☒ Addition

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

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

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

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

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: *Edward M. Livingston* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 20, 2003

Date

813-741-0321

Daytime Phone #

CR2E034 (10/02)