

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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 32790

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

Zip 33569 Country USA

City & State
Naples, FL

Zip 34103 Country US

4. FEI Number

<input checked="" type="checkbox"/> Applied For
<input type="checkbox"/> Not Applicable

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

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,* Zip Code *FL 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

April 14, 2003

DATE

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, KIM MARIE 1366 WOOD DUCK TRAIL NAPLES FL 34106	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	d, p, t 12507 Shadow Run Blvd. Riverview, FL 33569	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, H. WILLIAM 1366 WOOD DUCK TRAIL NAPLES FL 34106	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	d, vp, s 12507 Shadow Run Blvd. Riverview, FL 33569	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Signature Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 20, 2003 813-741-0321

Date

Daytime Phone #

CR2E034 (10/02)

3809600
AV