

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90046 002 ***150.00

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

DOCUMENT # P02000022928

1. Entity Name
BO-PEEP PET PRODUCTS, INC.



80114499

Principal Place of Business
**6223 ROCKY TRAIL
ORLANDO, FL 32808**

Mailing Address
**6223 ROCKY TRAIL
ORLANDO, FL 32808**

2. Principal Place of Business

19 DEVON TERR.

Suite, Apt. #, etc.

KEARNY N.J.

City & State

07032 USA

Zip

Country

3. Mailing Address

19 DEVON TERR.

Suite, Apt. #, etc.

KEARNY N.J.

City & State

07032 USA

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

56-2343985

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

**HAHN, THOMAS
6223 ROCKY TRAIL
ORLANDO, FL 32808**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Thomas A. Hahn

THOMAS A. HAHN PRES.

4/30/03

Signature, typed or printed name of registered agent and title if equal to that.

(NOTE: Registered Agent's signature required when resigning)

FILE NOW!!! FEE IS \$160.00
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

☐ Delete

**PS
HAHN, THOMAS
6223 ROCKY TRAIL
ORLANDO, FL 32808**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

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CITY-ST-ZIP

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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:

Thomas A. Hahn

THOMAS A. HAHN 4/30/03 (877)3BO-PEEP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CP2E034 (10/02)