

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-06-2003 90103 022 ***150.00

DOCUMENT # P02000033450

1. Entity Name

GROOMINGTAILS PET RESORT & SPA, INC.



Principal Place of Business

1255 MASON AVE.
DAYTONA BEACH FL 32117

Mailing Address

1255 MASON AVE.
DAYTONA BEACH FL 32117

2. Principal Place of Business

307 Seabreeze Blvd

Suite, Apt. #, etc.

3. Mailing Address

307 Seabreeze Blvd

Suite, Apt. #, etc.

City & State

Daytona Bch, FL

Zip

32118

Country

USA

City & State

Daytona Bch, FL

Zip

32118

Country

USA

4. FEI Number

04-3636224

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

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

RICHARD K. CHURCHMAN CPA

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

1255 MASON AVENUE

City

DAYTONA BEACH

FL

Zip Code

32118

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

Richard K. Churchman

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

(NOTE: Registered Agent signature required when reinstating)

1-8-03

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
PTD
TILLIS, DANIEL L
1255 MASON AVE.
DAYTONA BEACH FL 32117 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
TILLIS, JENNIFER L
1255 MASON AVE.
DAYTONA BEACH FL 32117 ☐ 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
☐ Change ☐ Addition

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

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☐ 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:

Jennifer Tillis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/3/03 386-258-

Daytime Phone #

7297

CR2E034 (10/02)