2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000041866 DOCUMENT

1. Entity Name

BARK AVENUE PET GROOMING INC.



FILED Mar 25, 2003 8:00 am Secretary of State

03-25-2003 90072 050 ***150.00

| <u> </u> | | | |
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| Principal Place of 330 10 ST NE NAPLES FL 341 | MADICC EL SALSO | | | | | | | | | |
|---|---|---------------------------------------|----------------------|---|-------------------------|----------------|--|-------------|-----------------|---------------|
| 2. Principal Plac | ce of Business | 3. Mailir | 3. Mailing Address | | | | [| | | |
| - Suite, Apt. #, etc. | | Suite. | Suite_Apt,#,etc | | | | | AKING-C | HANGES | |
| - Suitor Aprilla | | | | | | | El Number | | Appl | ied For |
| City & State | | City 8 | State | | | | 51-08840SI | | Not A | Applicable |
| Zip | Country | Zip | | Count | ry | | Selfinodio or Status E value | ⊐ Fe | e Required | orial |
| | 6. Name and Address of Curre | ent Registered | l Agent | | | 7. 1 | lame and Address of New Regis | tered Ag | ent | |
| SOUTHWEST PROFESSIONAL SERVICES OF SO. FL. | | | ļ | Name Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| INC. | | | 1. 30 | | | | | | | |
| FT MYERS | GREGOR BLVD #22 FL 33919 * | | | ا ، | City | | | FL | Zip Code | |
| | named entity submits this statemen | at for the purp | ose of changing its | reaistere | ed office or reg | gistered ag | ent, or both, in the State of Florida | . I am fa | niliar with, ar | nd accept |
| 8. The above rethe obligation | named entity submits this statement ons of registered agent. | If for the purp | osc of drivinging in | | - | | | | | |
| SIGNATURE _ | Signature, typed or printed name of registered a | gent and title if app | icable. (NOT | TE: Registere | d Agent signature re | equired when r | einstating) | DATE | | |
| _ | E NOWIII: FEE IS \$150.00 | | | | | | 9. Election Campaign Financ | ina | \$5:00 | May Be |
| After | May 1, 2003 Fee will be \$550. | 00 | | | | | Trust Fund Contribution. | Ц | Added | to Fees |
| | Payable to Florida Departmen | ND DIRECTO | RS. | 11. | | ΑĪ | DDITIONS/CHANGES TO OFFICE | RS AND | DIRECTORS | IN 11 |
| TITLE | P | NAD BINCOTO | ☐ Delete | TITL | E | | | | Change | Addition |
| NAME | ELBE, TIMEA M | | | , NAM | l l | | | | | ļ |
| STREET ADDRESS | 330 10 ST NE | | 목대학 | | EET ADDRESS /-ST-ZIP | | | | | |
| CITY-ST-ZIP | NAPLES FL 34120 | | ☐ Delete | TITL | E | | | | ☐ Change | ☐ Addition |
| TITLE NAME | | | ي ج | NAN | AE . | | | | | |
| STREET ADDRESS | | | | | EET ADDRESS Y-ST-ZIP | | | | | |
| CITY-ST-ZIP | | | | TITI | | | | | ☐ Change | ☐ Addition |
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| NAME STREET ADDRESS | | • | | STF | REET ADDRESS | | | | | |
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| NAME | . ~. | | | NA Sti | REET ADDRESS | - • | ± 1 + 1 + ± 1 + ± 1 + 1 + 1 + 1 + 1 + 1 | | *. | ļ |
| STREET ADDRESS CITY-ST-ZIP | | | | CIT | ry-st-zip | | | | | |
| TITLÉ | | · · · · · · · · · · · · · · · · · · · | ☐ Delete | 111 | LE | | w ¹ | | ☐ Change | ☐ Addition |
| NAME | | | | | ME REET ADDRESS | | | | | |
| STREET ADDRESS | | • | | | TY-ST-ZIP | | | | | |
| CITY-ST-ZIP | | | □ Dalata | | TLE | | | - | ☐ Change | Addition |
| TITLE | | | ☐ Delete | | AME | | | | | |
| NAME STREET ADDRESS | | | | 1 | REET ADDRESS | | | | | |
| | | | | CI | TY-ST-ZIP | | LIO 07/03/0 Finish Diotetro 14 | urther co | rtify that the | information |
| 12. I hereby | certify that the information supplies | d with this filin | g does not qualify | for the e | xemption state | ed in Section | on 119.07(3)(i), Florida Statutes. It he legal effect as if made under oa | ith; that I | am an office | r or director |

I nereby certify inattine information supplied with this fling 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 grief like empowered.

SIGNATURE: