

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000044938

FILED
Apr 29, 2003
Secretary of State

Entity Name: YUPPY PAWS INC

Current Principal Place of Business:

13018 GUNN HIGHWAY
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

13018 GUNN HIGHWAY
ODESSA, FL 33556

New Mailing Address:

FEI Number: 01-0706399

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWMAN, BETTY
5459 STALLION LAKE DRIVE
PALM HARBOR, FL 34685 US

Name and Address of New Registered Agent:

MCKINNIE, JEFFREY J
3426 CULLENDALE DR
TAMPA, FL 33618 US

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.

SIGNATURE: JEFFREY J MCKINNIE

04/29/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BOWMAN-MCKINNIE, ROXANA
Address: 3426 CULLENDALE DRIVE
City-St-Zip: TAMPA, FL 33618

Title: VTD () Delete
Name: MCKINNIE, JEFFREY
Address: 3426 CULLENDALE DRIVE
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROXANA BOWMAN-MCKINNIE

PD

04/29/2003

Electronic Signature of Signing Officer or Director

Date