

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

01-13-2003 90110 003 ***150.00

DOCUMENT # P02000056485

1. Entity Name

THE DOG HOUSE EMPORIUM, INC.



Principal Place of Business
5910 34TH AVENUE WEST
BRADENTON FL 34209

Mailing Address
5910 34TH AVENUE WEST
BRADENTON FL 34209



2. Principal Place of Business

4601 14TH ST WEST

Suite, Apt. #, etc.

3. Mailing Address

4601 14TH ST. WEST

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

BRADENTON, FL

City & State

BRADENTON, FL

4. FEI Number

04-3467648

Applied For

Not Applicable

Zip

34207

Country

Manatee

Zip

34207

Country

MANATEE

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

6. Name and Address of Current Registered Agent

WALKER, ADON H
3119 MANATEE AVENUE WEST
BRADENTON FL

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

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

(NOTE: Registered Agent signature required when reinstating)

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 PRESIDENT
NAME LARRY PETERSON
STREET ADDRESS 5910 34TH AV. W
CITY-ST-ZIP BRADENTON, FL 34209 ☐ Delete

TITLE V. PRESIDENT
NAME CHRISTINA PETERSON
STREET ADDRESS 5910 34TH AV. W
CITY-ST-ZIP BRADENTON, FL 34209 ☐ 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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)