

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P02000056740**

1. Entity Name

BUDGET PET OF TAMPA, INC.



FILED

03 OCT 22 PM 5:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

8810 SL DALE MABRY HWY

TAMPA FL 33611

*6410 S. Englewood Ave
Tampa, FL 33611*

Mailing Address

8810 SL DALE MABRY HWY

TAMPA FL 33611

2. Principal Place of Business

3. Mailing Address

6410 So. Englewood Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa, FL

4. FEI Number

27-0018312

Applied For

Not Applicable

Zip

Country

Zip

Country

33611

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GORNGPRATUM, VORAMIT
6410 SO ENGLEWOOD AVE
TAMPA FL 33611

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 \$550.00

After September 10, 2003 Fee will be \$750.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
LE, TINH H
4605 W MCELROY
TAMPA FL 33611

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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GORNGPRATUM, VORAMIT
6410 SO ENGLEWOOD AVE
TAMPA FL 33611

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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:

SIGNATURE REQUIRED

10-1803

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

October 18, 2003

Re: FEI number 27-0018312

To: Whom it may concern

I am writing to you to notify you that this was the first time I received this document this year, during the time period it was due I was out of the country. I would greatly appreciate your consideration for an abatement of any penalty.

Please change the address to as indicated below.

Thank you for your time and consideration.



Voramit Gorngratum
Budget Pet Of Tampa
6410 s Englewood Ave
Tampa Florida 33611