

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000061354

1. Entity Name
A-1 WET PETS OF DELAND, INC.



FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90759 043 ***150.00

0078736
AV

Principal Place of Business
2588 MORGAN ROAD
DELAND FL 32720

Mailing Address
2588 MORGAN ROAD
DELAND FL 32720



2. Principal Place of Business
1578 N. WOODLAND BLVD.

3. Mailing Address
1578 N. WOODLAND BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
DELAND, FLORIDA

City & State
DELAND, FLORIDA

4. FEI Number
75-3065314

Applied For
Not Applicable

Zip
32720

Country
U.S.A.

Zip
32720

Country
USA

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

6. Name and Address of Current Registered Agent

WRIGHT, PETER W
2588 MORGAN ROAD
DELAND FL 32720

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 _____ (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
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
MICHAEL WRIGHT
2588 MORGAN RD.
DELAND, FL 32720

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SEC/TREAS.
TRACY N. WRIGHT
2588 MORGAN RD
DELAND, FL 32720

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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CITY-ST-ZIP
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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: **PETER WRIGHT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-3002 386-736-3430

Date Daytime Phone #

CR2E034 (10/02)