

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2003 8:00 am
Secretary of State

03-26-2003 90137 050 ***150.00

DOCUMENT # P02000062706



1. Entity Name
FOR PET'S SAKE PROFESSIONAL PET SITTING SERVICES, INC.

Principal Place of Business
**2521 HIGHSMITH LANDING LANE
JACKSONVILLE FL 32226**

Mailing Address
**2521 HIGHSMITH LANDING LANE
JACKSONVILLE FL 32226**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

N/A

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, CONNIE

**2521 HIGHSMITH LANDING LANE
JACKSONVILLE FL FL**

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

Connie C Smith

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-23-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP**
NAME **BONNIE J SMITH**
STREET ADDRESS **2521 HIGHSMITH LANDING LN**
CITY-ST-ZIP **JACKSONVILLE FL 32226**

TITLE **P**
NAME **CONNIE C SMITH**
STREET ADDRESS **2521 HIGHSMITH LANDING LN**
CITY-ST-ZIP **JACKSONVILLE FL 32226**

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TITLE **P**
NAME **BONNIE J SMITH**
STREET ADDRESS **2521 HIGHSMITH LANDING LN**
CITY-ST-ZIP **JACKSONVILLE FL 32226**

TITLE **VP**
NAME **CONNIE C SMITH**
STREET ADDRESS **2521 HIGHSMITH LANDING LN**
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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:

CONNIE C SMITH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/25/03 688-6155

CR2E034 (10/02)