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**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P02000068941**  
 1. Entity Name  
**FUR PEOPLE PET GROOMING, INC.**



Principal Place of Business      Mailing Address  
 1273 PENMAN ROAD      1273 PENMAN ROAD  
 JACKSONVILLE BEACH, FL 32250      JACKSONVILLE BEACH, FL 32250

**55046420**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country



CHECK HERE IF MAKING CHANGES

4. FEI Number      Applied For  
**01-0723374**      Not Applicable  
 5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**WESTBERRY, KATHERINE**  
**2996 LANTANA LAKE DRIVE**  
**E**  
**JACKSONVILLE, FL 32246-1817**

7. Name and Address of New Registered Agent  
 Name  
**BRYCE, KATHERINE**  
 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: *Katherine Bryce Pres.*      DATE: **4/30/03**  
(NOTE: Registered Agent Signature Required When Returned)

FILE MONTHLY FEB IS \$160.00  
 APR & MAY 7, 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	PD	<input type="checkbox"/> Delete
NAME	WESTBERRY, KATHERINE	
STREET ADDRESS	1273 PENMAN ROAD	
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32260	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BRYAN, CARLA	
STREET ADDRESS	1273 PENMAN ROAD	
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32260	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYCE, KATHERINE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYCE, CARLA	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: *Katherine Bryce*      DATE: **4/30/03**      (904) 241-1003  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CPFE034 (10/02)