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

## **DOCUMENT #**

P02000079717

1. Entity Name PET UTOPIA, INC.



**FILED** Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90968 031 \*\*\*150.00

CITY-ST-ZIP  MARGATE FL 33068  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP												
Surte, Apr #, etc.  Applied For   April #, DAS DID #   Applied For   April #, Apr	6310 SW 4TH PLACE			6310 SW 4TH PLACE				4 (BRIJSBU 144 BBIJS (183) BBIJS B		E (6)11 )8 891 1	14911 1881 IBB1	
City & State  Country  Country  Country  S. Cartificate of Status Desired  State Address of New Registered Agent  T. Name and Address of New Registered Agent  The Registered Agent  The Registered Agent  ROTH, GAIL H  State Address (P.O. Box Number is Not Acceptable)  City  FL Zo Code  City  FL Zo Code  City  FL Zo Code  City  FL Zo Code  The State of Florids. I san familiar with, and accept the chilipations of registered agent, or both, in the State of Florids. I san familiar with, and accept the chilipations of registered agent, or both, in the State of Florids. I san familiar with, and accept the chilipations of registered agent, or both, in the State of Florids. I san familiar with, and accept the chilipations of registered agent, or both, in the State of Florids. I san familiar with, and accept the chilipations of registered agent, or both, in the State of Florids. I san familiar with, and accept the chilipations or registered agent, or both, in the State of Florids. I san familiar with, and accept the chilipations or registered agent, or both, in the State of Florids. I san familiar with, and accept the chilipations or registered agent, or both, in the State of Florids. I san familiar with, and accept the chilipations or registered agent, or both, in the State of Florids. I san familiar with, and accept the chilipations or registered agent, or both, in the State of Florids. I san familiar with, and accept the chilipations or registered agent, or both, in the State of Florids. I san familiar with, and accept the chilipations or registered agent, or both, in the State of Florids. I san familiar with, and accept the chilipations or registered agent, or both, in the State of Florids. I san familiar with, and accept the chilipations or registered agent.  In the chilipation or registered agent.  SignATURE  FL Zo Code  In the Carry FL Zo Code  In the Country FL Zo Code  In the Country FL Zo Code  In the	2. Principal Place of Business			3. Mailing Address								
A FEL Number   A FE	Suite, Apt. #, etc.			Suite, Apt. #, etc.			LJ CHECK HEDE IE WAKING CHANGES					
Zip Country Zip Country S. Countr	City & State			City & State								٦
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROTH, GAIL H STORE Address (P.O. Box Number is Not Acceptable)  City FL Zip Code				7				13-42057	192			]
ROTH, GAIL H	Zip Country		Zip	Zip Coun		5. Certifi		ertificate of Status Desired				
ROTH, GAIL H G310 SW 4TH PLACE MARGATE FL 33068  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 femilier with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!! FEE IS \$15.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  MAKE  BIOTH, GAIL H  SIBER ADDRESS  GITY-ST-2P  MARGATE FL 33068  GITY-ST-2P  MARGATE FL 33068  GITY-ST-2P  TITLE  MARGATE FL 33068  GITY-ST-2	· .	6. Name and Addre	ss of Current Register	ed Agent		Nicola	7. Na	arne and Address of New I	Registered Ag	ent		7
Signature   Steel Address (P.O. Box Number is Not Acceptable)   Steel Address (P.O. Box Number is Not Acceptable)	DOTA CAR Í											1
ECITY  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 or registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13  TITLE  MARGATE FL 33068  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13  TITLE  MARGATE FL 33068  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13  TITLE  MARGATE FL 33068  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13  TITLE  MARGATE FL 33068  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13  TITLE  MARGATE FL 33068  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13  TITLE  MARGATE FL 33068  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13  TITLE  MARGATE FL 33068  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13  TITLE  MARGATE FL 33068  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13  TITLE  MARGATE FL 33068  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13  TITLE  MARGATE FL 33068  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13  TITLE  MARGATE FL 33068  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13  TITLE  MARGATE FL 33068  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13  TITLE  MARGATE FL 33068  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13  TITLE  MARGATE FL 33068  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13  TITLE  MARGATE FL 33068  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13  TITLE  MARGATE FL 33068  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13  TITLE  MARGATE FL 33068  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13  TITLE  MARGATE FL 33068  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13  TITLE  MARGATE FL 33068  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13  TITLE  MARGATE FL 33068  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	· · · · · · · · · · · · · · · · · · ·			Street Add			ss (P.O. Box Number is Not Acceptable)					1
B. The abbove 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  FILE NOW!!! FEE IS. \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.	MARGATE	FL 33068										1
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		certify that the information	supplied with this filing	does not qualify fo			action 11	19 07(3)(i) Florida Statutos	I further certife	/ that the in	aformation	$\{$

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: \



Daytime Phone #