

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91180 013 ***150.00

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DOCUMENT # P02000082899

1. Entity Name
TENDER TOUCH GROOMING, INC.



Principal Place of Business
241 HUNT CLUB BLVD #137
LONGWOOD FL 32779

Mailing Address
241 HUNT CLUB BLVD #137
LONGWOOD FL 32779



2. Principal Place of Business

990 N State Rd 434
Suite 1198
Altamonte Springs FL

3. Mailing Address

990 N State Rd 434
Suite 1198
Altamonte Springs FL

☒ CHECK HERE IF MAKING CHANGES

City & State
Altamonte Springs FL

City & State
Altamonte Springs FL

4. FEI Number
55-0818252

Applied For
Not Applicable

Zip 32714-7062 **Country** Seminole

Zip 32714-7062 **Country** Seminole

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

6. Name and Address of Current Registered Agent

PIERCE, CYNTHIA A
281 WHITCOMBE CT
LONGWOOD FL 32779

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 _____ Signature, typed or printed name of registered agent and title if applicable. (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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	PIERCE, CYNTHIA A	
STREET ADDRESS	281 WHITCOMB CT	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	<input type="checkbox"/> Delete
NAME	PIERCE, VERNON D JR.	
STREET ADDRESS	281 WHITCOMBE CT	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE		<input type="checkbox"/> Delete
NAME		
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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)(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: CYNTHIA A. PIERCE **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

407-786-8709

Date Daytime Phone #

CR2E034 (10/02)