

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

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91519 041 ***150.00

DOCUMENT # **P0200094721**

1. Entity Name

The Puppy Patch, Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6200 22nd Street Ste 110

Suite, Apt. #, etc.

Ste 110

City & State

Vero Bch, Fla

Zip

32966

Country

Indian River

3. Mailing Address

← Same

Suite, Apt. #, etc.

← Same

City & State

← Same

Zip

← Same

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

FIN 364505286

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Daniel Sikes

Street Address (R.O. Box Number is Not Acceptable)

817 Macmahon Street

City

Starke

FL

Zip Code

32091

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

4/23/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

**President
Paulette Sikes**

STREET ADDRESS

Rt. 1, Box 711

CITY - ST - ZIP

Starke, Fla 32091

TITLE
NAME

STREET ADDRESS

CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Paulette Sikes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-03

Date

904-966-0123

Daytime Phone #

CR2E034B (12/02)