

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90129 011 \*\*\*150.00

**DOCUMENT # P02000111029**

1. Entity Name  
**TODD'S WAGGING TAILS, INC.**



Principal Place of Business  
**23162 POST GARDENS WAY #703  
BOCA RATON FL 33433**

Mailing Address  
**23162 POST GARDENS WAY #703  
BOCA RATON FL 33433**

**60022540**



2. Principal Place of Business

**2028 Alta Meadows Ln**

3. Mailing Address

**2028 Alta Meadows Ln**

Suite, Apt. #, etc.

**1010**

Suite, Apt. #, etc.

**1010**

City & State

**Delray Beach, FL**

City & State

**Delray Beach, FL**

Zip

**33444**

Country

**US**

Zip

**33444**

Country

**US**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**371445326**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MANN & WOLF, LLP  
4300 N UNIVERSITY DR  
SUITE C-203  
SUNRISE FL 33351**

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  
Trust Fund Contribution.

☐

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>President</b>	<input type="checkbox"/> Delete
NAME	<b>Todd Popiel</b>	
STREET ADDRESS	<b>2028 Alta Meadows Ln #1010</b>	
CITY-ST-ZIP	<b>Delray Beach, FL 33444</b>	
TITLE	<b>Vice President</b>	<input type="checkbox"/> Delete
NAME	<b>Lindsay Korse</b>	
STREET ADDRESS	<b>2028 Alta Meadows Ln. #1010</b>	
CITY-ST-ZIP	<b>Delray Beach, FL 33444</b>	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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		
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Lindsay Korse** 4/10/03 (561) 243-8760

CR2E034 (10/02)