

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

01-09-2003 90125 042 ***158.75

DOCUMENT # P02000114400

1. Entity Name
PET APPEAL PET SUPPLIES INC.



Principal Place of Business
**4564 GULF BREEZE PARKWAY
NAVARRE FL 32563**

Mailing Address
**4564 GULF BREEZE PARKWAY
NAVARRE FL 32563**



2. Principal Place of Business
GULF Breeze
Suite, Apt. #, etc.

3. Mailing Address
4564 Gulf Breeze Pkwy.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Gulf Breeze, FL
Zip
32563
Country
Santa Rosa

City & State
Gulf Breeze, FL
Zip
32563
Country
Santa Rosa

4. FEI Number
57-0432495

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BABOI, LEON G
4564 GULF BREEZE PARKWAY
GULF BREEZE FL 32563

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President / CEO
LEON BABOI
4564 GULF Breeze Pkwy.
Gulf Breeze, FL 32563

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
DIANE E. BABOI
4564 GULF Breeze Pkwy.
Gulf Breeze, FL 32563

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-07-03

850-916-9111

Date

Daytime Phone #

CR2E034 (10/02)