

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90120 018 \*\*\*158.75

**DOCUMENT # P02000116340**

1. Entity Name  
**SPECIALTY PET SERVICES, INC.**



Principal Place of Business  
~~6390 INDIANTOWN ROAD~~  
~~SUITE 30~~  
~~JUPITER FL 33458~~  
**P.O. Box 7693**  
**JUPITER, FL**  
**33468**

Mailing Address  
~~6390 INDIANTOWN ROAD~~  
~~SUITE 30~~  
~~JUPITER FL 33458~~  
**P.O. Box 7693**  
**JUPITER, FL**  
**33468**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**05-0540034**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

~~GUMSON, RICHARD P ESQ.~~  
~~6390 INDIANTOWN ROAD~~  
~~SUITE 30~~  
~~JUPITER FL 33458~~

**MINDY COX**  
**P.O. Box 7693**  
**JUPITER, FL 33468**

**7. Name and Address of New Registered Agent**

Name **MINDY COX**  
Street Address (P.O. Box Number is Not Acceptable)  
**1401 W. INDIANTOWN ROAD**  
City **JUPITER** FL **33458**

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 **Mindy Cox** DATE **3/6/03**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<del>CAPUTO, PATRICIA A</del>	<del>6390 INDIANTOWN ROAD, SUITE 30</del>	<del>JUPITER FL 33458</del>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
P/D	COX, MINDY	P.O. Box 7693	Jupiter, FL 33468	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
S/D	COX, DAVID	P.O. Box 7693	Jupiter, FL 33468	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.3(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:** **MINDY COX**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/6/03 (561) 746 - 5501**

Date Daytime Phone #

0418520 AV

CR2E034 (10/02)

Attachment #  
10063283  
PO2000116340

3/6/03

PLEASE SEND FORMS FOR  
RENEWING AS A FICTITIOUS  
NAME:

"EMERGENCY PET CARE"  
OF JUPITER

Mindy Cox  
SPECIALTY PET  
SERVICES INC.  
MINDY COX, PRES.