


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

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90052 027 \*\*\*150.00

DOCUMENT # <b>PQ3000064425</b>	
1. Entity Name <b>Pets In Paradise Resort &amp; Hotel, Inc.</b>	

**DO NOT WRITE IN THIS SPACE**

94043024

2. Principal Place of Business <b>5109 W. Lutz Lake Fern Rd.</b>	3. Mailing Address <b>5109 W. Lutz Lake Fern Rd.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

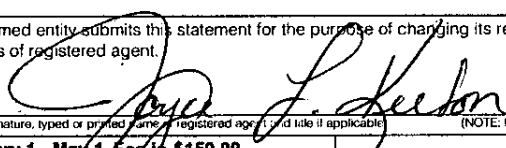
City & State <b>Lutz FL</b>	City & State <b>Lutz FL</b>	4. FEI Number <b>54-2112860</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33558</b>	Country <b>USA</b>	Zip <b>33558</b>	Country <b>USA</b>
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

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

Name <b>Joyce Keeton</b>
Street Address (P.O. Box Number is Not Acceptable) <b>5109 W. Lutz Lake Fern Rd</b>
City <b>Lutz FL</b>
Zip Code <b>33558</b>

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  DATE **3-30-04**

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 <b>President</b>	TITLE
NAME <b>Joyce Keeton</b>	NAME
STREET ADDRESS <b>17512 Shadyside Cir</b>	STREET ADDRESS
CITY-ST-ZIP <b>Lutz FL 33549</b>	CITY-ST-ZIP
TITLE	TITLE
NAME	NAME
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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:  DATE **3-30-04** DAYTIME PHONE # **(813) 949-7334**

CR2E034B (12/02)