

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

DOCUMENT # P93000084115

1. Entity Name

PoochPad Products, Inc.

02 SEP 18 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2132 Camden Way

Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 14309

Suite, Apt. #, etc.

City & State
Clearwater, FL

City & State
Clearwater, FL

Zip
33759

Country
US

Zip
33766-4309

Country
US

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

1995-2002

4. FEI Number
593213795

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Charles L. Brown

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

2132 Camden Way

City
Clearwater

FL

Zip Code
33759

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.

SIGNATURE

Charles L. Brown

9/16/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Charles L. Brown 2132 Camden Way Clearwater, FL 33759	TITLE NAME STREET ADDRESS CITY - ST - ZIP	700007902497--5 -09/20/02--01077--009 ***1800.00 ***1800.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D John F. Johnston 4210 Kellington Ct. Murrysville PA 15668	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles L. Brown

Charles L. Brown

9/16/02

727-725-2732

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)