

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-25-2003 90134 006 ***158.75

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DOCUMENT # P94000026239

1. Entity Name
ROVER'S RETURN, INC.



Principal Place of Business
3620 W. VINE STREET.
KISSIMMEE FL 34741

Mailing Address
3620 W. VINE STREET
KISSIMMEE FL 34741



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3233882

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UNWIN, PAUL
3620 W. VINE STREET
KISSIMMEE FL 34741

Name *Deborah Price*
Street Address (P.O. Box Number is Not Acceptable) *3620 W. Vine Street*
City *Kissimmee* **FL** **Zip Code** *34741*

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

(NOTE: Registered Agent signature required when reinstating)

DATE *4-22-03*

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ Delete
NAME **UNWIN, PAUL**
STREET ADDRESS **3620 W. VINE ST.**
CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE *President, Director, Secretary* ☐ Change ☒ Addition
NAME *Deborah Price*
STREET ADDRESS *2308 Rochelle Ave*
CITY-ST-ZIP *Kissimmee, Florida 34746*

TITLE **DVP** ☒ Delete
NAME **UNWIN, LINDA**
STREET ADDRESS **3620 W VINE ST**
CITY-ST-ZIP **KISSIMMEE FL 34741**

TITLE *Director, Vice President* ☐ Change ☒ Addition
NAME *STUART PRICE*
STREET ADDRESS *CORAL MILLS TRAILFAX ROAD*
CITY-ST-ZIP *BRADFORD, United Kingdom BD6 2DN*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)