

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90315 034 ***150.00

DOCUMENT # P94000028479

1. Entity Name

PLAZA PETS, INC.

*Name Change
 see Amendment*

Principal Place of Business

**910 CURLEW RD
 DUNEDIN FL 34698**

Mailing Address

**910 CURLEW RD
 DUNEDIN FL 34698**

2. Principal Place of Business

174 ARBOR DR. W.

3. Mailing Address

174 ARBOR DR. W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM HARBOR

City & State

PALM HARBOR

Zip

34683

Country

FLORIDA

Zip

34683

Country

FLORIDA

6. Name and Address of Current Registered Agent

**MASCHING, DAVID
 2201 TAMPA RD
 PALM HARBOR FL 34683**

7. Name and Address of New Registered Agent

MASCHING, DAVID

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

174 ARBOR DR. W.

PALM HARBOR

FL

34683

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

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) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 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 **P** ☐ Delete
 NAME **MASCHING, DAVID**
 STREET ADDRESS **2201 TAMPA ROAD**
 CITY-ST-ZIP **PALM HARBOR FL**

TITLE **VP** ☐ Delete
 NAME **MASCHING, JANET**
 STREET ADDRESS **2201 TAMPA ROAD**
 CITY-ST-ZIP **PALM HARBOR FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **MASCHING, DAVID**
 STREET ADDRESS **174 ARBOR DR. W.**
 CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **VP** ☒ Change ☐ Addition
 NAME **MASCHING, JANET**
 STREET ADDRESS **174 ARBOR DR. W.**
 CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DAVID MASCHING

Date

3/20/01 (727) 789-5335

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (10/00)