

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2002 8:00 am**  
**Secretary of State**

05-17-2002 90043 049 \*\*\*150.00

DOCUMENT # P95000007759

1. Entity Name

K-9 PERFECTION DOG GROOMING, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

847 101ST AVENUE NO

Suite, Apt. #, etc.

3. Mailing Address

847 101ST AVENUE NO

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
NAPLES, FL

City & State  
NAPLES, FL

Zip  
34108

Country  
US

Zip  
34108

Country  
US

4. FEI Number  
65-00557017

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  
PINTER, MICHAEL R

Street Address (P.O. Box Number is Not Acceptable)  
4328 CORPORATE SQ

SUITE C

City  
NAPLES

FL Zip Code  
34112

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) ☐

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  
HUBERT, GREG  
847 101ST AVENUE NORTH  
NAPLES FL 34108

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
HUBERT, CONNIE  
847 101ST AVENUE NORTH  
NAPLES FL 34108

TITLE  
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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: *Connie Hubert*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)