

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000063796

1. Entity Name

PLANET PET INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90006 017 ***150.00

Principal Place of Business

4227 ENTERPRISE AVE
UNIT A
NAPLES FL 34104
US

Mailing Address

P O BOX 11778
NAPLES FL 34101-1778
US

2. Principal Place of Business

1035 26TH AVE N

3. Mailing Address

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

Zip

34103

Country

USA

Country

4. FEI Number

65-0614595

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DORZENSKI, STEPHEN

1102 22ND AVE. N.

NAPLES FL 33940

Name

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

1035 26TH AVE N

City

NAPLES

FL

Zip Code

34103

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]

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

(NOTE: Registered Agent signature required when reinstating)

4-13-00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	DOROZENSKI, LEE A	
STREET ADDRESS	1102 22ND AVE. N.	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE	DST	<input type="checkbox"/> Delete
NAME	DOROZENSKI, STEPHEN W	
STREET ADDRESS	1102 22ND AVE. N.	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1035 26TH AVE N	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1035 26TH AVE N	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-00

Date

Daytime Phone #

CR2E034 (9/99)