

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000068791

1. Entity Name

FLORIDA PET FOOD INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90028 004 ***150.00

Principal Place of Business

Mailing Address

FLORIDA PET FOOD INC.
1710 NW 22ND COURT #3
POMPANO BEACH FL 33069-
US

FLORIDA PET FOOD INC.
1710 NW 22ND COURT #3
POMPANO BEACH FL 33069-1325-
US

2. Principal Place of Business

3. Mailing Address

15552 71st Place N

15552 71st Place N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Doxahatchee Florida

Doxahatchee Florida

Zip

Country

Zip

Country

33470

U.S.A

33470

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIDSON, PAUL A
1710 NW 22ND COURT
STE #3
POMPANO BEACH FL 33069

Name

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

City Doxahatchee

FL

Zip Code 33470

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 not 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, 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 D ☐ Delete
NAME DAVIDSON, PAUL A
STREET ADDRESS 8029 NW 71ST COURT
CITY-ST-ZIP TAMARAC FL

TITLE ☒ Change ☐ Addition
NAME 15552 71st place N
STREET ADDRESS doxahatchee Florida
CITY-ST-ZIP 33470

TITLE D ☐ Delete
NAME HARFORD, SONIA
STREET ADDRESS 8029 NW 71ST COURT
CITY-ST-ZIP TAMARAC FL

TITLE ☒ Change ☐ Addition
NAME 15552 71st place N
STREET ADDRESS doxahatchee Florida
CITY-ST-ZIP 33470

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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 to this report with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/00

561 792 7198

CR2E034 (9/99)