

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000021594

1. Entity Name
PET PROTECT, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90415 016 ***150.00

Principal Place of Business

**830 ANCHOR RODE DRIVE
NAPLES FL 34103
US**

Mailing Address

**P.O. BOX 11447
NAPLES FL 34101-1447**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0659641

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

**SUTTER, RHONA H
519 TURTLE HATCH LN
NAPLES FL 34103**

Name **SUTTER, RHONA**

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

830 ANCHOR RODE DRIVE

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, 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, 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 **PTVS** ☐ Delete
NAME **SUTTER, RHONA H.**
STREET ADDRESS **519 TURTLE HATCH LN**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE ☒ Change ☐ Addition
NAME **SUTTER, RHONA H**
STREET ADDRESS **830 ANCHOR RODE DRIVE**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

RHONA H SUTTER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16 April 2000 **941 403 4100**
Date Daytime Phone #

CR2E034 (9/99)