

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2003 8:00 am
Secretary of State

08-13-2003 90074 023 ***150.00

DOCUMENT # P96000059761

1. Entity Name
PET NANNY PET SITTING SERVICE, INC.



Principal Place of Business
**113 N CHIPPEWA CIR
BOYNTON BEACH FL 33436
US**

Mailing Address
**113 N CHIPPEWA CIR
BOYNTON BEACH FL 33436
US**

2. Principal Place of Business

187 N. LAKE SHORE DR

Suite, Apt. #, etc.

City & State

Hydrexo FL

Zip
33462

Country
USA

3. Mailing Address

187 N. LAKE SHORE DR

Suite, Apt. #, etc.

City & State

Hydrexo FL

Zip
33462

Country
USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0681712**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LAFRENIERE, MARY L
113 N CHIPPEWA CIR
BOYNTON BEACH FL 33436**

7. Name and Address of New Registered Agent

Name **LAFRENIERE MARY L**
Street Address (P.O. Box Number is Not Acceptable)
187 N. LAKE SHORE DR
City **Hydrexo FL** Zip Code **33462**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	LAFRENIERE, MARY L	
STREET ADDRESS	113 N CHIPPEWA CIR	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	VDS	<input type="checkbox"/> Delete
NAME	SAYRE, ROBERT	
STREET ADDRESS	113 N CHIPPEWA CIR	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAFRENIERE MARY L	
STREET ADDRESS	187 N. LAKE SHORE DR	
CITY-ST-ZIP	Hydrexo FL 33462	
TITLE	VDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAYRE ROBERT S	
STREET ADDRESS	187 N. LAKE SHORE DR	
CITY-ST-ZIP	Hydrexo FL 33462	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/03 561252-0011
Date Daytime Phone #

CR2E034 (4/03)



Owner Operated • Licensed • Bonded • Insured • Locally Owned

187 N. Lakeshore Drive • Hypoluxo, FL 33462 • (561) 736-9561 or (561) 252-0011

July 21, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee FL 33462

Mary LaFreniere
President

RE: 2003 Uniform Business Report P96000059761

Sir,

In September 2002 our business moved to the address listed on this letter. It seems that the Uniform Business Report P96000059761 papers you sent, were delivered to the old address. These papers were not immediately forwarded by the USPS (as per our instructions) to our new address. They in fact did not arrive until July 7, 2003. We are happy to fill them out and send them in with our payment. As this was a USPS error not our error, if possible we would like to pay the original filing fee, and not the late filing fee.

Please advise us if this is or is not acceptable.

Thank you for you time.

Sincerely,


Mary LaFreniere

