

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 06, 2001 8:00 am**  
**Secretary of State**

08-06-2001 90003 047 \*\*\*150.00

**DOCUMENT # P96000087052**

1. Entity Name  
**ADORABLE DOGS, INC.**

Principal Place of Business  
**28540 BERMONT RD  
 PUNTA GORDA FL 33982**

Mailing Address  
**28540 BERMONT RD  
 PUNTA GORDA FL 33982**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0705776**

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

**MAUK, CAROLINE G  
 28540 BERMONT RD  
 PUNTA GORDA FL 33982**

Name **GRIDLEY, MATTHEW C**  
 Street Address (P.O. Box Number is Not Acceptable)  
**28540 BERMONT RD**  
 City **PUNTA GORDA** FL Zip Code **33982**

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 *Matthew C Gridley*  
 Signature, typed or printed name of registered agent and title if applicable.

**7/12/01**  
 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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 **MAUK, CAROLINE G**  
 STREET ADDRESS **28540 BERMONT RD**  
 CITY-ST-ZIP **PUNTA GORDA FL 33982**

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

TITLE **D** ☒ Delete  
 NAME **MAUK, BRUCE A**  
 STREET ADDRESS **28540 BERMONT RD**  
 CITY-ST-ZIP **PUNTA GORDA FL 33982**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
 NAME **GRIDLEY, MATTHEW C**  
 STREET ADDRESS **28540 BERMONT RD**  
 CITY-ST-ZIP **PUNTA GORDA FL 33982**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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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 with an address, with all other like empowered.

SIGNATURE: *Matthew C Gridley*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/12/01 (941) 637-9888**  
 Date Daytime Phone #

CR2E034 (5/01)

Attachment# <sup>P</sup> 90000087052  
B00061454

To whom it may concern,

I did not receive the original bill for this earlier in the year.  
Therefore, I am asking that you please waive the penalty for non  
payment.

Thank you,

Matt Gridley, officer

A handwritten signature in cursive script, appearing to read "Matt Gridley", is written over a horizontal line.