

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000088986****1. Entity Name**  
**MAN'S BEST FRIEND BOARDING KENNEL, INC.****Principal Place of Business**  
**2565 HAINES BAYSHORE ROAD**  
**CLEARWATER FL 33760****Mailing Address**  
**2565 HAINES BAYSHORE ROAD**  
**CLEARWATER FL 33760****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number 59-3397321**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****LUKEFAHR, STEPHEN**  
**2565 HAINES BAYSHORE ROAD**  
**CLEARWATER FL 33760****7. Name and Address of New Registered Agent**

Name

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

City

**FL**

Zip Code

**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** *Stephen Lukefahr*  
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, 2001 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****TITLE** **D** ☐ Delete  
**NAME** **LUKEFAHR, STEPHEN**  
**STREET ADDRESS** **2565 HAINES BAYSHORE ROAD**  
**CITY-ST-ZIP** **CLEARWATER FL 34620****TITLE** **D** ☐ Delete  
**NAME** **LUKEFAHR, MARIA**  
**STREET ADDRESS** **2565 HAINES BAYSHORE RD**  
**CITY-ST-ZIP** **CLEARWATER FL****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
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**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition**NAME**  
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**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****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:***Stephen Lukefahr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*1/5/01 727.530 7733*  
Daytime Phone #**FILED**  
**Jan 11, 2001 8:00 am**  
**Secretary of State**

01-11-2001 90030 023 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)