

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2000 8:00 am
Secretary of State
 04-03-2000 90202 019 ***150.00

DOCUMENT # P96000091758

1. Entity Name

PET WORLD OF DUNDEE, INC.

Principal Place of Business

213 DUNDEE RIDGE PLAZA
 HWY 27, SOUTH
 DUNDEE FL 33838

Mailing Address

213 DUNDEE RIDGE PLAZA
 HWY 27, SOUTH
 DUNDEE FL 33838

C0050732



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3637 Havendale Blvd.
 Suite, Apt. #, etc.
Winter Haven, FL
 City & State

3. Mailing Address

3637 Havendale Blvd.
 Suite, Apt. #, etc.
 City & State
Winter Haven, FL

4. FEI Number **59-3407388**

Applied For
 Not Applicable

Zip
33881

Country
USA

Zip
33881

Country
USA

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

MCCRACKEN, JOHN H.
2945 HARNAGE ROAD
AVON PARK FL 33825

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

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
P
MCCRACKEN, JOHN H.
2945 HARNAGE ROAD
AVON PARK FL

TITLE
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☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)