

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90116 046 ***150.00

DOCUMENT # P96000094305

1. Entity Name
KRITTER KEEPERS, INC.

Principal Place of Business

7512 DR. PHILLIPS BLVD.
 #50, SUITE 112
 ORLANDO FL 32819

Mailing Address

7512 DR. PHILLIPS BLVD.
 #50, SUITE 112
 ORLANDO FL 32819

000555



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2804 Edgewater DR

Suite, Apt. #, etc.

ORLANDO

City & State

Florida

Zip

32804

Country

Orange

3. Mailing Address

1206 West new

Suite, Apt. #, etc.

Hampshire St

City & State

ORL, FL

Zip

32804

Country

Orange

4. FEI Number **59-3418191**

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

ZOUZOULAS, ALEXANDER
1409 MAGNA CRT.
ORLANDO FL 32804

NO longer attorney for Corporation

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

3200 Corrine Drive (P.O. Box)

City

Orlando

FL

Zip Code

32803

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]

Hamilton Stevens Peirson

4/09/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **WHITTINGTON, TAMI**
 STREET ADDRESS **7512 DR. PHILLIPS BLVD., #50, SUITE 112**
 CITY-ST-ZIP **OLANDO FL 32819**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tami Whittington
 Date **4/09/01** Daytime Phone # **407 481-2777**

CR2E034 (10/00)