## 2000 UNIFORM BUSINESS REPORT (UBR) May 05, 2000 8:00 am Secretary of State DOCUMENT # **P96000097020** CONNOLLY'S PAMPERED POODLE AND PALS, INC. 05-05-2000 90036 002 \*\*\*150.00 Mailing Address Principal Place of Business 1920 62ND AVE. NO. 1920 62ND AVE. NO. ST. PETERSBURG FL 33702-7122 ST. PETERSBURG FL 33702 951246 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1655341 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required ... -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent QUINNETTE, LANI Street Address (P.O. Box Number is Not Acceptable) 1920 62ND AVE::NO: ST. PETERSBURG FL 33702 City Zip Code $\mathsf{FL}$ 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

After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. J 30H9AG Delete TITLE TITLE NAME NAME CONNOLLY, TIMOTHY STREET ADDRESS STREET ADDRESS 2200 PARK STREET, NORTH CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33710 VST Delete TITLE CONNOLLY, MARCIA NAME STREET ADDRESS 2200 PARK STREET, NORTH STREET ADDRESS A Chu Do CITY-ST-7IP ST. PETERSBURG FL 33710 . Delete TITLE TITLE Furnette, LANI NAME QUINETTE, LANI NAME STREET ADDRESS STREET ADDRESS (1910)62ND AVE N ST. Petersburg, Fl CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33702 ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILE NOW!!! FEE IS \$150.00 ...

(NOTE: Registered Agent signature required when reinstating)

13. I hereby certify that the information supplied with this filling 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 attestment with an address, with all other like empowered.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

Delete

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

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

9. This corporation is eligible to satisfy its Intangible

SIGNATURE

TITLE

NAME

TITLE

NAME

STREET ADDRESS

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STREET ADDRESS

CITY-ST-7IP

4-20-2000

127-526-195

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Daytime Phone #

DATE

10. Election Campaign Financing

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\$5.00 May Be