

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**  
 05-05-2000 90036 002 \*\*\*150.00

DOCUMENT # P96000097020

1. Entity Name  
**CONNOLLY'S PAMPERED POODLE AND PALS, INC.**

Principal Place of Business 1920 62ND AVE. NO. ST. PETERSBURG FL 33702	Mailing Address 1920 62ND AVE. NO. ST. PETERSBURG FL 33702-7122 US
--	---

951246



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-1655341</b>	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>QUINETTE, LANI</b> 1920 62ND AVE. NO. ST. PETERSBURG FL 33702		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 \_\_\_\_\_ (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.  **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	DPT CONNOLLY, TIMOTHY 2200 PARK STREET, NORTH ST. PETERSBURG FL 33710 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.P.T. Quinette, DAPHNE L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2869 39th Ave. Do. ST. Petersburg, FL 33714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST CONNOLLY, MARCIA 2200 PARK STREET, NORTH ST. PETERSBURG FL 33710 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST Quinette, DAPHNE L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2869 39th Ave Do St. Petersburg, FL 33714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S QUINETTE, LANI 1910 62ND AVE N ST PETERSBURG FL 33702 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Quinette, LANI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1920 62nd Ave. Do. ST. Petersburg, FL 33702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Daphne L. Quinette **REQUIRED** Date 4-20-2000 Daytime Phone # 727-526-1938

CR2E034 (9/99)