


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 91004 003 \*\*\*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  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1655341**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**QUINETTE, LANI  
1920 62ND AVE. NO.  
ST. PETERSBURG FL 33702**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS                      |                                 |
|---|---------------------------------|
| TITLE<br><b>DPT</b>                             | <input type="checkbox"/> Delete |
| NAME<br><b>QUINETTE, DAPHNE L</b>               |                                 |
| STREET ADDRESS<br><b>2869 39 AVENUE NORTH</b>   |                                 |
| CITY-ST-ZIP<br><b>SAINT PETERSBURG FL 33714</b> |                                 |
| TITLE<br><b>VST</b>                             | <input type="checkbox"/> Delete |
| NAME<br><b>QUINETTE, DAPHNE L</b>               |                                 |
| STREET ADDRESS<br><b>2869 39 AVENUE NORTH</b>   |                                 |
| CITY-ST-ZIP<br><b>SAINT PETERSBURG FL 33714</b> |                                 |
| TITLE<br><b>S</b>                               | <input type="checkbox"/> Delete |
| NAME<br><b>QUINETTE, LANI</b>                   |                                 |
| STREET ADDRESS<br><b>1910 62ND AVE N</b>        |                                 |
| CITY-ST-ZIP<br><b>ST PETERSBURG FL 33702</b>    |                                 |
| TITLE   | <input type="checkbox"/> Delete |
| NAME  |                                 |
| STREET ADDRESS                                  |                                 |
| CITY-ST-ZIP                                     |                                 |
| TITLE   | <input type="checkbox"/> Delete |
| NAME  |                                 |
| STREET ADDRESS                                  |                                 |
| CITY-ST-ZIP                                     |                                 |
| TITLE   | <input type="checkbox"/> Delete |
| NAME  |                                 |
| STREET ADDRESS                                  |                                 |
| CITY-ST-ZIP                                     |                                 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY-ST-ZIP   |  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY-ST-ZIP   |  |
| TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | <b>Quinette, LANI</b>  |
| STREET ADDRESS  | <b>1920 62nd Ave. No</b>   |
| CITY-ST-ZIP   | <b>St. Petersburg, FL 33702</b>  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY-ST-ZIP   |  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY-ST-ZIP   |  |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Daphne L. Quinette* **DAPHNE L. QUINETTE** 4-1-03 727-526-1938

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)