

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000019356

1. Entity Name

FANCY PAWS, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90330 016 ***150.00

Principal Place of Business

2022
1948 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020

Mailing Address

2022
1948 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020

Fancy Paw.
2022 Hollywood Blvd.
Hollywood, FL 33020

Fancy Paws Inc.
2022 Hollywood Blvd.
Hollywood, FL 33020

3. Mailing Address

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number 65-0732340

Applied For
Not Applicable

Zip

Country

Zip

Country

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

THERAULT, DANIEL H
1948 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020

Name

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

City



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, 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	<input type="checkbox"/> Delete
NAME	THERAULT, DANIEL H.	
STREET ADDRESS	1948 HOLLYWOOD BLVD 2022	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOISDON, ISABELL E.	
STREET ADDRESS	1948 HOLLYWOOD BLVD 2022	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
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
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

D H Therault

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 Apr 01 (954)
9221762

Date

Daytime Phone #

CR2E034 (10/00)