

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 26, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P97000020660**1. Entity Name  
AN ANIMAL LOVER'S PET SITTING SERVICE CO.

Principal Place of Business 7356 EDISTO DRIVE  LAKE WORTH FL 334677734	Mailing Address 7356 EDISTO DRIVE  LAKE WORTH FL 334677734
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2. Principal Place of Business 6772 COLUMBIA AVENUE	3. Mailing Address 6772 COLUMBIA AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State LAKE WORTH FL	City & State LAKE WORTH FL
Zip 334677734	Country

4. FEI Number <b>65-0741400</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**TAYLOR JOAN S  
7356 EDISTO DRIVE  
  
LAKE WORTH FL 334677734**7. Name and Address of New Registered Agent**Name  
ROUSSIN-SCHUSTER NICOLE M  
Street Address (P.O. Box Number is Not Acceptable)  
6772 COLUMBIA AVENUE  
  
City LAKE WORTH FL Zip Code 334677734

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 **NICOLE ROUSSIN-SCHUSTER****02/26/2001**

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST TAYLOR JOAN S 7356 EDISTO DRIVE LAKE WORTH FL 334677734	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ROUSSIN-SCHUSTER NICOLE M 6772 COLUMBIA AVENUE LAKE WORTH FL 334677734	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** Nicole Roussin-Schuster

Pres 02/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)