

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000044941

1. Entity Name

PLANETWIDE ENTERPRISES, INC.

Principal Place of Business

HAPPY PAWS
1356 S FT HARRISON AVE
CLEARWATER FL 33756
US

Mailing Address

HAPPY PAWS
1356 S FT HARRISON AVE
CLEARWATER FL 33756
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3447832

Applied For

Not Applicable

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

~~DOBIN, BART
300 NORTH OSCEOLA AVENUE
SUITE 6D
CLEARWATER FL 33755-3919~~

Name

~~LISA ANDERSON~~ LISA

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

1601 ROSARY RD.

City

LARGO

FL

Zip Code

33771

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

7/7/2000

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	P	<input checked="" type="checkbox"/> Delete
NAME	DOBIN, BART	
STREET ADDRESS	300 N OSCEOLA AVE 6D	
CITY-ST-ZIP	CLEARWATER FL 33755-3919	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	ANDERSON, LISA K	
STREET ADDRESS	1601 ROSARY RD	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	DOBIN, EMMA	<input checked="" type="checkbox"/> Delete
NAME	DOBIN, EMMA	
STREET ADDRESS	300 N OSCEOLA AVE 6F	
CITY-ST-ZIP	CLEARWATER FL 33755-3919	
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		

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 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/2000

727-449-8565

Date

Daytime Phone

CR2E034 (5/00)

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90015 002 ***550.00



DO NOT WRITE IN THIS SPACE