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·2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9700044941 1. Entity Name PLANETWIDE ENTERPRISES, INC. J				J	Secretary of State 09-05-2001 90001 007 ***550.00		
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					
Suite, Apt		4SHORE]	s ination) tip surit (Buts Batit abitt Aditt bait Bibli Gible libit) bibli (SH) läbt				
City & Sta	ETELSOURS, FI	City & State ST AFTERS B	uko fl	4.	FEI Number 59-3447832	· -	oplied For ot Applicable
Zip 337c	Country (1.5 A	^{z_i} , 33-704-	Country U.S.A.	5. 1	Certificate of Status Desired	\$8.75 Add	
	6. Name and Address of Current Re		7. Name and Address of New Registered Agent				
ANDEDCO	NA 1104	Name	Name LISA ANDERSON				
ANDERSO		Street A	Street Address (F.O. Box Number is Not Acceptable)				
1601 ROSERY RD - LARGO FL 33771				1/24	POKY US MOKE DIL	<i>JV</i> U	
7 Data (1)	L 00// 1		City			- 7:- 0:-1	
		City S	ST. PETERSBULLE FL 233704				
8. The above	named entity submits this statement for t	he purpose of changing its re	gistered office or	registered ag	ent, or both, in the State of Florida.		
SIGNATURE		•					1
OIGH TOTAL	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: F	legistered Agent signati	are required when re	einstating) DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After September 12, 2 Make Check Payable			2001 Fee will b	11 Fee will be \$750.00 10. Election Campaign Financing \$5.00 May		May Be I to Fees	
11.					DITIONS/CHANGES TO OFFICERS AN	D DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS ANDERSON, LISA K 1601 ROSARY RD LARGO FL 33771	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANDER 1724	SON LISAK NOLTHSHORE DR NI	Dar Change €	Addition
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NAME			NAME			_ •	_
STREET ADDRESS CITY-ST-ZIP		•	STREET ADDRESS CITY-ST-ZIP				
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NAME		□ Delete	NAME		•	"☐ Change"	Addition
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CITY-ST-ZIP			CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE			☐ Change	☐ Addition
STREET ADDRESS			NAME STREET ADDRESS				}
CITY-ST-ZIP			CITY-ST-ZIP				j

13. Thereby certify that the information supplied with this filling 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, virth all other like empowered.

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

C!TY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

☐ Delete

24 Aug 2001

☐ Change

☐ Change

☐ Addition

☐ Addition