

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000047866

1. Corporation Name

ALL ABOUT LOVE PET SITTING SERVICE, INC.

Principal Place of Business

7638 FAIRWAY WOODS DRIVE  
SARASOTA FL 34238-34231  
US

Mailing Address

7638 FAIRWAY WOODS DRIVE SAME  
SARASOTA FL 34238-  
US

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90185 015 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/30/1997

4. FEI Number

65-0781398

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 2646 White Sands Dr.

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Sarasota, FL

28

Zip Country

29 Zip Country

24 34231

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOCH, BETH

7638 FAIRWAY WOODS DRIVE 2646 WHITE SANDS DR  
SARASOTA FL 34238-34231

81 Name

Loch, Beth

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

2646 White Sands Dr.

83

84 City

Sarasota

FL

85 Zip Code

34231

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE  
NAME LOCH, BETH 2646 WHITE SANDS DR  
STREET ADDRESS 7638 FAIRWAY WOODS DRIVE  
CITY-ST-ZIP SARASOTA FL 34238-34231

1.1 TITLE Pres. ☒ Change ☐ Addition  
1.2 NAME Loch, Beth  
1.3 STREET ADDRESS 2646 White Sands Dr.  
1.4 CITY-ST-ZIP Sarasota, FL 34231

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Loch, Pres

4/15/99

941-922-8128

Date

Daytime Phone #

CR2E034 (11/98)