## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## P97000058080 DOCUMENT #

SALTY PAWS OF PUNTA GORDA, INC.



Principal Place of Business 1200 W RETTA ESPLANADE, C-45 PUNTA GORDA FL 33950

Mailing Address

1200 W RETTA ESPLANADE, C-45 PUNTA GORDA FL 33950

2. Principal Place of Business 1200 W. RETTA	ESPLANADI	3. Mailing Address 1200 W. RETTA	ESPLANADE
Suite, Apt. #, etc.		Suite Apt. #, etc.	· · · ·

CHECK HERE IF MAKING CHANGES

Mar 31, 2003 8:00 am

**Secretary of State** 

03-31-2003 90153 003 \*\*\*158.75

City & State City & State GORDA PUNTA ush

Name and Address of Current Registered Agent

65-0763921 5. Certificate of Status Desired

\$8.75 Additional

Applied For

Not Applicable

**BOLLINGER, B JOAN** 2522 NEW BURY STREET

PORT CHARLOTTE FL 33952

BOLUNGER

Name and Address of New Registered Agent

(P.O. Box Number is Not Acceptable)

4. FEI Number

GURDA

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 'ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete BOLLINGER BJ. BOLLINGER, B J NAME NAME #203 5601 DUNCAN RD 2522 NEWBURY ST STREET ADDRESS STREET ADDRESS PORT CHARLOTTE FL 33952 CITY-ST-ZIP CITY-ST-ZIP PUNTA GORDA, FL VP. ☐ Detete TITLE Change NAME HOLDEN, BONNIE NAME STREET ADDRESS 75 FERRY RD STREET ADDRESS CITY-ST-ZIP **BRISTOL RI 02809** CITY-ST-ZIP TITLE ☐ Addition TITLE Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. 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 10 or Block 11 if with all other like empowered

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

March 27,03 941-505-729

Change

☐ Addition