

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90153 003 ***158.75

RECORDED
AV

DOCUMENT # **P97000058080**



1. Entity Name
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 ESPLANADE

3. Mailing Address
1200 W. RETTA ESPLANADE

Suite, Apt. #, etc.
F-8

Suite, Apt. #, etc.
F-8

City & State
PUNTA GORDA, FL

City & State
PUNTA GORDA, FL

Zip
33950

Country
USA

Zip
33950

Country
USA

4. FEI Number
65-0763921

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BOLLINGER, B JOAN
2522 NEW BURY STREET
PORT CHARLOTTE FL 33952

7. Name and Address of New Registered Agent

Name
B. JOAN BOLLINGER

Street Address (P.O. Box Number is Not Acceptable)
5601 DUNCAN RD
203

City
PUNTA GORDA

FL

Zip Code
33982

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete BOLLINGER, B J 2522 NEWBURY ST PORT CHARLOTTE FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete HOLDEN, BONNIE 75 FERRY RD BRISTOL RI 02809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BOLLINGER B.J. 5601 DUNCAN RD #203 PUNTA GORDA, FL 33982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *B. Joan Bollinger*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 27, 03 941-505-7297
Date Daytime Phone #

CR2E034 (10/02)