

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000065637

1. Entity Name
DOG SPOT, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90152 041 ***150.00

Principal Place of Business

2112 WASHINGTON STREET
HOLLYWOOD FL 33120

Mailing Address

2112 WASHINGTON STREET
HOLLYWOOD FL 33120

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 65-0786403

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

SELTZER, AMY
2112 WASHINGTON STREET
HOLLYWOOD FL 33120

Name

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

City

FL

Zip Code

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

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 D ☐ Delete
NAME SELTZER, AMY
STREET ADDRESS 2112 WASHINGTON STREET
CITY-ST-ZIP HOLLYWOOD FL 33120

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MACDONALD, SUSANNE K
STREET ADDRESS 2112 WASHINGTON STREET
CITY-ST-ZIP HOLLYWOOD FL 33120

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MACKEN, ALAN
STREET ADDRESS 2112 WASHINGTON STREET
CITY-ST-ZIP HOLLYWOOD FL 33120

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME PAIK, ANALIESE
STREET ADDRESS 12 PARK LANE
CITY-ST-ZIP DARIEN CT 06820

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ERIS, CAROLINA
STREET ADDRESS 1111 BISCAYNE BLVD
CITY-ST-ZIP MIAMI FL 33161

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

B0045109



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)