

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000071467

1. Entity Name

PAW PARADISE, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90033 031 ***150.00

Principal Place of Business

Mailing Address

6219 TURTLE MOUND ROAD
NEW SMYRNA BEACH FL 32169

6219 TURTLE MOUND ROAD
NEW SMYRNA BEACH FL 32168-6465

2. Principal Place of Business

3. Mailing Address

651 Dora Street

651 Dora Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New Smyrna Beach FL

City & State

New Smyrna Beach FL

Zip

Country

32168

Zip

Country

32168

4. FEI Number

NOT APPLICABLE

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

WILLIAMS, SANDRA
6219 TURTLE MOUND RD.
NEW SMYRNA BEACH FL 32169

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, 2000 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
NAME
STREET ADDRESS
CITY - ST - ZIP
PSTD
WILLIAMS, SANDRA J
6219 TURTLE MOUND ROAD
NEW SMYRNA BEACH FL 32169 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSTD
Sandra J Williams
651 Dora St
New Smyrna Beach FL 32168 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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

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CITY - ST - ZIP ☐ Delete

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

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 #

3/18/00 904-423-1982

CR2E034 (9/99)