

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90081 004 \*\*\*150.00

**DOCUMENT # P97000085896**

1. Entity Name

**THE HAPPY HIPPO, INC.**

Principal Place of Business

**6840**  
**6480 PARK BLVD.**  
**PINELLAS PARK FL 33781**

Mailing Address

**6840**  
**6480 PARK BLVD.**  
**PINELLAS PARK FL 33781-3141**

2. Principal Place of Business

**6840 Park Blvd**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Pinellas Park FL**

City & State

Suite, Apt. #, etc.

4. FEI Number

**59-3472259**

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

**WEST, BRENDA M**  
**5000 47TH AVE. N.**  
**ST. PETERSBURG FL 33709**

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

**Brenda m west** **2/20/00**

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 **D** ☐ Delete  
 NAME **GRECO, LAURA W**  
 STREET ADDRESS **7731 DOVER CT. N.**  
 CITY-ST-ZIP **ST. PETERSBURG FL 33709**

TITLE **P** ☒ Change ☐ Addition  
 NAME **Greco Laura W**  
 STREET ADDRESS **6045-96th Terr**  
 CITY-ST-ZIP **Pinellas Park FL 33782**

TITLE **D** ☐ Delete  
 NAME **WEST, BRENDA M**  
 STREET ADDRESS **5000 47TH AVE. N.**  
 CITY-ST-ZIP **ST. PETERSBURG FL 33709**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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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

**Brenda m west** **2/20/00** **727-548-1818**

Date

Daytime Phone #