

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000091944

1. Entity Name

FOR PET'S SAKE, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90136 002 ***158.75

0007010

Principal Place of Business

1134 PELICAN BAY DRIVE
DAYTONA BEACH FL 32119

Mailing Address

1134 PELICAN BAY DRIVE
DAYTONA BEACH FL 32119

2. Principal Place of Business

78 Stone Gate Lane

Suite, Apt. #, etc.

3. Mailing Address

78 Stone Gate Lane

Suite, Apt. #, etc.

City & State

Port Orange, FL

City & State

Port Orange, FL

Zip

32119

Country

YOLUSIA

Zip

32119

Country

YOLUSIA

4. FEI Number

59-3476269

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLARK, JOY L
1134 PELICAN BAY DRIVE
DAYTONA BEACH FL 32119

7. Name and Address of New Registered Agent

Name

(SAME)

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

78 Stone Gate Lane

City

Port Orange

FL

Zip Code

32119

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

TITLE P
NAME CLARK, JOY L
STREET ADDRESS 1134 PELICAN BAY DRIVE
CITY-ST-ZIP DAYTONA BEACH FL 32119

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 78 Stone Gate Lane
CITY-ST-ZIP Port Orange, FL 32119

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Joy L. Clark
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOY L. CLARK

Date

(904) 756-9051

Daytime Phone #

CR2E034 (10/00)