

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000095849

1. Entity Name

SALLIE'S PET SALON, INC.

FILED

May 03, 2000 8:00 am
Secretary of State

05-03-2000 90145 027 ***150.00

Principal Place of Business

14912 N. FLORIDA AVE.
TAMPA FL 33613

Mailing Address

14912 N. FLORIDA AVE.
TAMPA FL 33613-1632

2. Principal Place of Business

Sallie's Pet Salon

3. Mailing Address

14912 N. Florida Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa

City & State

FL

Zip

33613

Country

Hillborough

Zip

Country

4. FEI Number

59-3475935

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AUSTIN, ARLENE F
5811 PELICAN BAY BLVD.
NAPLES FL 34108

7. Name and Address of New Registered Agent

Name

Austin, Arlene F

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

5811 Pelican Bay Blvd.

City

Naples

FL

Zip Code

34108

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

TITLE D ☒ Delete
NAME SIMKINS, JONATHAN B
STREET ADDRESS P. O. BOX 270086
CITY-ST-ZIP TAMPA FL 33688

TITLE D ☒ Delete
NAME SIMKINS, BETTY
STREET ADDRESS 14912 N. FLORIDA AVE.
CITY-ST-ZIP TAMPA FL 33613

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☒ Change ☒ Addition
NAME Sallie Simkins
STREET ADDRESS 14912 N. Florida Ave
CITY-ST-ZIP Tampa, FL 33613

TITLE Vice President ☐ Change ☒ Addition
NAME Sallie Simkins
STREET ADDRESS 14912 N. Florida Ave
CITY-ST-ZIP Tampa, FL 33613

TITLE Treasurer ☐ Change ☒ Addition
NAME Sallie Simkins
STREET ADDRESS 14912 N. Florida Ave
CITY-ST-ZIP Tampa, FL 33613

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

TITLE ☐ Change ☐ Addition
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:

Sallie Simkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-1-2000

Daytime Phone #

813-963-5172

CR2E034 (9/99)