

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000102423

1. Entity Name

FOR DOGS ONLY, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90038 032 ***150.00

Principal Place of Business

1136 S.W. 12TH STREET
BOCA RATON FL 33486

Mailing Address

1136 S.W. 12TH STREET
BOCA RATON FL 33486-5495

2. Principal Place of Business

1819 NW Boca Raton Blvd.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Boca Raton 33432

City & State

Zip

Country

USA

Country

4. FEI Number

65-0796725

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

BATCHER, NEEMI
1136 SW 12TH ST
BOCA RATON FL 33486

Name

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

245 NW 19 St. - #2

City

Boca Raton

FL

Zip Code

33432

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 *Neemi Batcher*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/13/00

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 **STP** ☐ Delete
NAME **BATCHER, NEEMI**
STREET ADDRESS **1136 S.W. 12TH STREET**
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **STP** ☒ Change ☐ Addition
NAME **Neemi Batcher - Same**
STREET ADDRESS **245 NW 19 St. - #2**
CITY-ST-ZIP **Boca Raton, FL 33432**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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: *Neemi Batcher*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00

DATE

561-391-3080

Daytime Phone #

CR2E034 (9/99)