

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000019463

1. Entity Name

PETS IN PARADISE OF S.W. FLORIDA INC.

Principal Place of Business

5117 CASTELLO DRIVE #1  
NAPLES FL 34103

Mailing Address

5117 CASTELLO DRIVE #1  
NAPLES FL 34133-0279

2. Principal Place of Business

28000 Spanish Wells Blvd

Suite, Apt. #, etc.  
200

3. Mailing Address

P.O. Box 279

Suite, Apt. #, etc.

City & State

Bonita Springs, FL

Zip 34135

City & State

Bonita Springs, FL

Zip 34133

Country

Country

FILED  
Mar 17, 2000 8:00 am  
Secretary of State

03-17-2000 90068 022 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3496622

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

AMBURN, JAMES  
5117 CASTELLO DRIVE #1  
NAPLES FL 34103

Name

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

28000 Spanish Wells Blvd  
Suite 200

City

Bonita Springs

FL

Zip Code 34135

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 D  
NAME BOCKIUS, MARIA  
STREET ADDRESS 5117 CASTELLO DRIVE #1  
CITY-ST-ZIP NAPLES FL 34103

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PVPTS  
BOCKIUS, MARIA  
28000 Spanish Wells Blvd - ste 200  
Bonita Springs, FL 34135

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
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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:

02-08-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (999)