

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000020888

1. Entity Name
B.P.'S TROPICAL PETS, INC.

Principal Place of Business
6046 14TH ST. WEST
BRADENTON FL 34207

Mailing Address
6046 14TH ST. WEST
BRADENTON FL 34207

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90140 025 ***158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0818420	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

POINDEXTER, DEBORAH A
5612 18TH AVE. E.
BRADENTON FL 34208

Name

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

City

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

(No changes)

4-23-01

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 NAME STREET ADDRESS CITY-ST-ZIP	POINDEXTER, DEBORAH A 6046 14TH ST. WEST BRADENTON FL 34207	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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/PRINTED NAME
Deborah Poindexter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-01 941-758-0119
Date Daytime Phone #

CR2E034 (10/00)