2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000030704 Feb 24, 2000 8:00 am **Secretary of State** THREE PUPPIES, INC. 02-24-2000 90042 030 ***150.00 Mailing Address Principal Place of Business 3831 SHORE BOULEVARD 3831 SHORE BOULEVARD OLDSMAR FL 34677-5615 OLDSMAR FL 34677 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. 3809 Shore DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc $\mathbf{g}(\mathbf{v})$ 81 vd 3809 Shre Applied For City & State 4. FEI Number City & State 59-3508554 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired WA 3467 USA 346 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEVENS, MARY Street Address (P.O. Box Number is Not Acceptable) 3831 SHORE BLVD OLDSMAR FL 34677 Zip Code **3467**7 submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 2-8-00 SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Director MARY J 3809 Shore Blud ☐ Addition Change ☐ Delete TITLE STEVENS, MARY J. NAME STREET ADDRESS STREET ADDRESS 3831 SHORE BLVD. FL 34677 CITY-ST-ZIP CITY-ST-ZIP OLDSMAR FL 34677 Director STEVENS, LARRY F 3809 Shore Blud Change ☐ Addition ☐ Delete STEVENS, LARRY E. NAME NAME STREET ADDRESS 3831 SHORE BLVD. STREET ADDRESS CITY-ST-ZIP 0 ldsmer, FL 34677 CITY-ST-ZIP OLDSMAR FL 34677 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chanoe ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.