

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 29, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000035414**1. Entity Name
PET MESSAGE REHABILITATION SERVICES, INC.Principal Place of Business
540 NE 45 STREET
UNIT 11
BOCA RATON FL 33431Mailing Address
540 NE 45 STREET
UNIT 11
BOCA RATON FL 334312. Principal Place of Business
9426 SOUTHAMPTON PLACE3. Mailing Address
9426 SOUTHAMPTON PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
BOCA RATON FLCity & State
BOCA RATON FL4. FEI Number
65-0832112
Applied For
Not ApplicableZip Country
33434Zip Country
334345. 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**AMERILAWYER
343 ALMERIA AVENUECORAL GABLES FL
33134 US

Name

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

City FL 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 _____ DATE **04/29/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)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 State10. 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 T ☐ Delete
NAME TRAPPER ANNA
STREET ADDRESS 540 NE 45 ST., UNIT 11
CITY-ST-ZIP BOCA RATON FL 33431TITLE T ☒ Change ☐ Addition
NAME TRAPPER ANNA
STREET ADDRESS 9426 SOUTHAMPTON PLACE
CITY-ST-ZIP BOCA RATON FL 33434TITLE PSD ☐ Delete
NAME HOLLOWAY MICHAEL L
STREET ADDRESS 540 NE 45 ST, UNIT 11
CITY-ST-ZIP BOCA RATON FL 33431TITLE PSD ☒ Change ☐ Addition
NAME HOLLOWAY MICHAEL L
STREET ADDRESS 9426 SOUTHAMPTON PLACE
CITY-ST-ZIP BOCA RATON FL 33434TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ 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: MICHAEL HOLLOWAY

PSD 04/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)