

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000042081

1. Entity Name
EPETVILLAGE.COM,INC

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90091 020 ***150.00

Principal Place of Business

Mailing Address

808 SOUTHEAST 12TH COURT #3
FORT LAUDERDALE FL 33316

808 SOUTHEAST 12TH COURT #3
FORT LAUDERDALE FL 33316-2057

2. Principal Place of Business

3. Mailing Address

P.O. Box 22400

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FORT LAUDERDALE

City & State

City & State

FLORIDA

4. FEI Number

65-0835032

Applied For

Not Applicable

Zip

Country

Zip

Country

33335
33316 BROWARD

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

ARSCOTT, RICK
808 SOUTHEAST 12TH COURT #3
FORT LAUDERDALE FL 33316

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

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 PDS
NAME ARSCOTT, RICK
STREET ADDRESS 808 SOUTHEAST 12TH COURT #3
CITY-ST-ZIP FORT LAUDERDALE FL 33316 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME SHAW, DAVID
STREET ADDRESS 4015 NW 64 RD
CITY-ST-ZIP BOCA RATON FL 33496 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
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CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

Date

934-762-9931

Daytime Phone #

CR2E034 (9/99)