

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Aug 01, 2000 8:00 am**  
**Secretary of State**

08-01-2000 90007 037 \*\*\*150.00

**DOCUMENT # P98000050378**

1. Entity Name

**KARENS PET GROOMING, INC.**

Principal Place of Business

**4241 BEE RIDGE RD.  
SARASOTA FL 34233**

Mailing Address

**4241 BEE RIDGE RD.  
SARASOTA FL 34233**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0848053**

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

**ROZESKI, RHONDA  
4241 BEE RIDGE RD.  
SARASOTA FL 34233-2564**

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 \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D ROZESKI, RHONDA 4241 BEE RIDGE RD. SARASOTA FL 34233-2564</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:****SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Karens Pet Grooming, Inc.

4241, BEE RIDGE ROAD, SARASOTA, FL 34233

941-371-7191

7/28/99

attachment  
Doc # P98000050378  
A00706418

Division of Corporations, Inc.  
P.O.Box 6327,  
Tallahassee, FL 32314

Dear Sirs,

We ask for your assistance in filing our Corporation Annual Report for the year 2000, we had mailed the original report in February 2000.

We did not realize that you had not received the first report until your second reminder arrived.

After reviewing our bank statements we have found that our check #3721 which had been made payable to the Division of Corporations and mailed along with the report in February, has still not cleared our bank account.

We feel that both the report and check have been lost in the mail.

We have enclosed another check for \$150.00 and ask you to accept this amount due to the unforeseen circumstance as described above.

Thanking you in anticipation.

Rhonda Grier.



F  
ax