2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

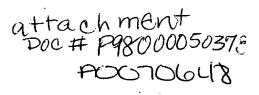
FILED Aug 01, 2000 8:00 am Secretary of State DOCUMENT # P98000050378 1. Entity Name KARENS PET GROOMING, INC. 08-01-2000 90007 037 ***150.00 Principal Place of Business Mailing Address 4241 BEE RIDGE RD. 4241 BEE RIDGE RD. SARASOTA FL 34233 SARASOTA FL 34233 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0848053 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROZESKI, RHONDA Street Address (P.O. Box Number is Not Acceptable) 4241 BEE RIDGE RD. SARASOTA FL 34233-2564 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition Change TITI F Delete TITLE ROZESKI, RHONDA NAME NAME STREET ADDRESS STREET ADDRESS 4241 BEE RIDGE RD. CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34233-2564 ☐ Delete TITLE ☐ Change ∏ Addition TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete 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

Daytime Phone i

4241, BEE RIDGE ROAD, SARASOTA. FL. 34233

941-371-7191

7/28/99



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 #372I 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.

