

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 30, 2003 8:00 am**  
**Secretary of State**

05-30-2003 90086 009 \*\*\*150.00

DOCUMENT # *P98000050378*

1. Entity Name

*Karen's Pet Grooming Inc.*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*4241 Beer Ridge Rd*  
Suite, Apt. #, etc.

3. Mailing Address

*4241 Beer Ridge Rd.*  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*Sarasota FL*

Zip

*34233*

Country

*Sarasota*

City & State

Zip

Country

4. FEI Number

*650848053*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

*Rhonda Rozek*

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

*4102 42 ST*

City

*Sarasota*

*FL*

Zip Code

*34235*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Rhonda Rozek*

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE *President*  
NAME *Rhonda Rozek*  
STREET ADDRESS *4102 42 ST*  
CITY-ST-ZIP *Sarasota FL 34235*

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**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rhonda Rozek*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5-26-03*

Date

Daytime Phone #

CR2E034B (12/02)