

# 2000 UNIFORM BUSINESS REPORT (UBR)

7/1

**FILED**  
**Aug 04, 2000 8:00 am**  
**Secretary of State**

07-12-2000 90147 009 \*\*\*550.00

**DOCUMENT # P98000059631**

1. Entity Name

**PETSFIRST PET SITTING SERVICE, INC.**

Principal Place of Business

**2100 BRENTLEY PLACE  
 ORLANDO FL 32835**

Mailing Address

**P.O. BOX 2183  
 WINDERMERE FL 34786-2183**

2. Principal Place of Business

**9459 Lake Lotta Cir.**

3. Mailing Address

**SAME as above**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Gotha FL**

City & State

**Gotha FL**

Zip

**34734**

Country

Zip

Country

4. FEI Number

**59-3520694**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **no**

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**LIGGATT, SUSANNE  
 2100 BRENTLEY PLACE  
 ORLANDO FL 32835**

7. Name and Address of New Registered Agent

Name: **Catherine Greenleaf**

Street Address (P.O. Box Number is Not Acceptable)  
**9459 LAKE LOTTA CIR**

City **Gotha**

**FL**

Zip Code **34734**

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 **Catherine Greenleaf President** **Catherine Greenleaf**

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

(NOTE: Registered Agent signature required when reinstating)

**7/7/00**

DATE

9. This corporation is eligible to satisfy its intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐ **no**

**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. ☐ **no**

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

11. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LIGGATT, SUSANNE</b>	
STREET ADDRESS	<b>2100 BRENTLEY PLACE</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>ST</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LIGGATT, PETER</b>	
STREET ADDRESS	<b>2100 BRENTLEY PLACE</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Catherine Greenleaf</b>	
STREET ADDRESS	<b>9459 LAKE LOTTA Circle</b>	
CITY-ST-ZIP	<b>Gotha, FL 34734</b>	
TITLE	<b>ST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Bryan Bruce</b>	
STREET ADDRESS	<b>9459 LAKE LOTTA Circle</b>	
CITY-ST-ZIP	<b>Gotha, FL 34734</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**Catherine Greenleaf President**

**7/27/00**

Date

**407-532-8050**

Daytime Phone #

CR2 EN3 (1/99)