

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90303 012 ***150.00

DOCUMENT # P98000059631

1. Entity Name
PETSFIRST PET SITTING SERVICE, INC.



Principal Place of Business
9459 LAKE LOTTA CIR
GOTHA FL 34734

Mailing Address
P.O. BOX 2183
WINDERMERE FL 34786-2183

2. Principal Place of Business
1549 TYRELL DR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ORLANDO, FL

City & State

4. FEI Number **59-3520694**

Applied For
Not Applicable

Zip **32818**

Country **USA**

Zip

Country

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

GREENLIEF, CATHERINE
9459 LAKE LOTTA CIR
GOTHA FL 34734

Name
CATHERINE BRUCE
Street Address (P.O. Box Number is Not Acceptable)
1549 TYRELL DR
City **ORLANDO** **FL** **Zip Code** **32818**

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

(NOTE: Registered Agent signature required when reinstating)

4/8/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **BRUCE, CATHERINE**
STREET ADDRESS **9459 LAKE LOTTA CIRCLE**
CITY-ST-ZIP **GOTHA FL 34734**

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

TITLE **ST** ☐ Delete
NAME **BRUCE, BRYAN**
STREET ADDRESS **9459 LAKE LOTTA CIRCLE**
CITY-ST-ZIP **GOTHA FL 34734**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1549 Tyrell Dr Orlando**
CITY-ST-ZIP **FL 32818**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Catherine Bruce* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/03
Date

407-532-5050
Daytime Phone #

CR2E034 (10/02)