

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000079570

1. Entity Name

ANIMAL SUPPLY WAREHOUSE, INC.

Principal Place of Business

5088 SEMINOLE PLATT WHITNEY RD  
B4  
LOXAHATCHEE FL 33470

Mailing Address

15896 66 CT N  
LOXAHATCHEE FL 33470-3425

2. Principal Place of Business

3. Mailing Address

SAME

Suite, Apt. #, etc.

5096 Seminole Pratt Whitney Rd

Suite, Apt. #, etc.

City & State

Loxahatchee FL 33470

Zip

Country

Zip

Country

4. FEI Number

65-0883798

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

KNAPIK, CARLA S  
15896 66 COURT N.  
LOXAHATCHEE FL 33470

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 \$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. ☐

**\$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  
P  
KNAPIK, CARLA S  
15896 66 COURT N.  
LOXAHATCHEE FL 33470 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
KNAPIK, DAVID J  
15896 66 COURT N.  
LOXAHATCHEE FL 33470 ☐ Delete

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

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

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CITY-ST-ZIP  
☐ Change ☐ 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 #

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90118 019 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)