2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Feb 08, 2001 8:00 am Secretary of State **DOCUMENT # P99000007287** I'LL STAY HOME PET SITTERS INC. 02-08-2001 90019 044 ***150.00 Mailing Address Principal Place of Business 13511 WND AVE. N.E. 13511 WND AVE. N.E. **BRADENTON FL 34202** BRADENTON FL 34202 2. Principal Place of Business 3. Mailing Address 2 nd 13511 2 rd 3511 Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0902259 TL Bradenter Not Applicable Bradenton Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required_ Manutee 34202 Manatee 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name McDaniel MCDANIEL, MAUREEN Street Address (P.O. Box Number is Not Acceptable) 13511 2ND AVE. N.E. **BRADENTON FL 34202** and Ame NE Zip Code **34202** Bradenton 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. FILE NOW!!! FEE IS \$150.00 ... 52 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Thange ☐ Addition Prosident ☐ Delete TITLE MCDANIEL, DAVID David Mc Daniel NAME STREET ADDRESS 13511 2ND AVE., NE STREET ADDRESS 13511 2 nd Ave NE CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34202** 34200 Bradenton Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME --= 1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY_ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE 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 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.