

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90330 034 ***150.00

DOCUMENT # P99000007460

1. Entity Name
HAPPY TAILS AGAIN, INC.

Principal Place of Business

Mailing Address

~~210 UNIVERSITY DR. #502~~
~~CORAL SPRINGS FL 33071~~

~~210 UNIVERSITY DR. #502~~
~~CORAL SPRINGS FL 33071~~

2. Principal Place of Business

3. Mailing Address

5245 COCONUT CREEK PKWY.
Suite, Apt. #, etc.

C/O MAJ
P.O. Box 771210
Suite, Apt. #, etc.

City & State
MARGATE, FL.

City & State
CORAL SPRINGS, FL

Zip Country
33063

Zip Country
33077-1210

4. FEI Number 65-0890092

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

~~MARINO, JOANNE~~
~~210 UNIVERSITY DR. #502~~
~~CORAL SPRINGS FL 33071~~

Name
JOSEPH E. MILLER
Street Address (P.O. Box Number is Not Acceptable)
3000 N. UNIVERSITY DRIVE
SUITE E
City
CORAL SPRINGS FL Zip Code
33065

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, 2001 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
PTSD
MARINO, JOANNE
210 UNIVERSITY DR. #502
CORAL SPRINGS FL 33071 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
5245 COCONUT CREEK PKWY.
MARGATE FL 33063 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Delete

TITLE
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOANNE MARINO

Date

Daytime Phone #

4/23/01 954-977-9479

CR2E034 (10/00)