

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000008691

1. Entity Name

SARASOTA PETS, INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90034 018 \*\*\*150.00

Principal Place of Business

Mailing Address

700 APALACHEE DRIVE N.E.  
 ST. PETERSBURG FL 33702

700 APALACHEE DRIVE N.E.  
 ST. PETERSBURG FL 33702-2724

2. Principal Place of Business

5380 Fruitville Rd

3. Mailing Address

P.O. Box 55157

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Sarasota FL

City & State

St. Petersburg FL

4. FEI Number

65-0890011

Applied For

Not Applicable

Zip

Country

34832

US

Zip

Country

33732

US

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

KOLENDA, JOHN F  
 700 APALACHEE DRIVE N.E.  
 ST. PETERSBURG FL 33702

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 D ☐ Delete  
 NAME KOLENDA, JOHN F  
 STREET ADDRESS 700 APALACHEE DRIVE N.E.  
 CITY-ST-ZIP ST. PETERSBURG FL 33702

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

TITLE D ☐ Delete  
 NAME DENNY, MIKE  
 STREET ADDRESS 5200 TAMPA WEST BOULEVARD  
 CITY-ST-ZIP TAMPA FL 33634

TITLE President ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS 1720 Anglers Court  
 CITY-ST-ZIP Safety Harbor, FL 34695

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)