

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 24, 2000 8:00 am
Secretary of State

04-18-2000 90002 041 ***150.00

DOCUMENT # P99000014855

1. Entity Name

BARK AVE. PUPPY GALLERIES, INC.

Principal Place of Business

Mailing Address

~~13803 W HILLSBOROUGH AVE
TAMPA FL 33635~~

~~13803 W HILLSBOROUGH AVE
TAMPA FL 33635-0215~~

2. Principal Place of Business

3. Mailing Address

180 Racetrack Rd

PO Box 260215

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Oldsmar FL 34677

Tampa FL

Zip

Country

Zip

Country

33685

USA

4. FEI Number

593555681

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

**BOGGS, KIM
13803 W HILLSBOROUGH AVE
TAMPA FL 33635**

Name

Kim Boggs

Street Address (P.O. Box Number is Not Acceptable)

PO Box 260215

City

Tampa

FL

Zip Code

33685

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

Kim Boggs
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

Kim Boggs
1385 Melon St
Tampa Spgs FL

☐ Delete

Bobb Schmitz
6160 Weckerly Rd
Whitehouse OH 43571

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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:

Kim Boggs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-11-00

Daytime Phone #

CR2E034 (9/99)