## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 03, 2000 8:00 am Secretary of State DOCUMENT # P99000026110 1. Entity Name BROWARD PET SITTING & HOME SERVICES, INC. 04-03-2000 90168 002 \*\*\*150.00 Principal Place of Business Mailing Address 2249 LAZY LANE 2249 LATY LANE LAZY LAKE FL 33305-1033 LAZY LAKE FL 33305 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For <u>65-0910823</u> Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FODERA. JOSEPH M Street Address (P.O. Box Number is Not Acceptable) 2249 LAZY LANE LAZY LAKE FL 33305 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE ☐ Delete TITLE FODERA, JOSEPH M NAME NAME STREET ADDRESS STREET ADDRESS 2249 LAZY LANE CITY-ST-ZIP CITY-ST-ZIP LAZY LAKE FL 33305 ☐ Delete TITLE Change ☐ Addition TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME 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 Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE

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.

NAME

STREET ADDRESS CITY-ST-ZIP

**SIGNATURE:** 

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECT

954-566-5477