

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/4

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**  
 04-04-2000 90056 038 \*\*\*150.00

**DOCUMENT # P99000029001**

1. Entity Name

**LEMEW PET SITTING, INC.**

Principal Place of Business

296 NW BENTLEY CIR  
 PORT ST LUCIE FL 34986-2456

Mailing Address

296 NW BENTLEY CIR  
 PORT ST LUCIE FL 34986-2456

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0909078

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**O'KEEFE, PATRICIA A**  
**308 N.W. BENTLEY CIRCLE**  
**PORT ST. LUCIE FL 39486**

7. Name and Address of New Registered Agent

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

TITLE PS  
 NAME GOBIE, LINDA  
 STREET ADDRESS 11613 S.W. 90TH TERRACE  
 CITY-ST-ZIP MIAMI FL 33176 ☐ Delete

TITLE V  
 NAME WILLIG, ROBERT P JR.  
 STREET ADDRESS 4641 S.W. 132ND AVE.  
 CITY-ST-ZIP MIAMI FL 33175 ☒ Delete

TITLE T  
 NAME O'KEEFE, PATRICIA A  
 STREET ADDRESS 308 N.W. BENTLEY CIRCLE  
 CITY-ST-ZIP PORT ST. LUCIE FL 39486 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS  
 NAME GOBIE, LINDA  
 STREET ADDRESS 296 NW BENTLEY CIRCLE  
 CITY-ST-ZIP PORT ST. LUCIE, FL. 34986-2456 ☒ Change ☐ Addition

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

TITLE VICE PRESIDENT, TREASURER  
 NAME O'KEEFE, PATRICIA A.  
 STREET ADDRESS 308 N.W. BENTLEY CIRCLE  
 CITY-ST-ZIP PORT ST. LUCIE, FL. 34986 ☒ Change ☐ Addition

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

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

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:

*Linda Gobie* LINDA GOBIE, PRESIDENT

1/5/00

561 878-6734

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)