

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030948

1. Entity Name

PET CARE CENTER, INC.



FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90009 007 ***150.00

Principal Place of Business

2522 NE CAPITAL CIRCLE, UNIT #5
TALLAHASSEE FL 32308

Mailing Address

2522 NE CAPITAL CIRCLE, UNIT #5
TALLAHASSEE FL 32308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3606586

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KIM, DUK Y DVM
2522 NE CAPITAL CIRCLE, UNIT #5
TALLAHASSEE FL 32308

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
Sun K. Kim
5452 Pembroke Place
Tallahassee, FL 32308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
P
DUK Y. Kim
2522 NE CAPITAL CIRCLE, UNIT #5
TALLAHASSEE, FL 32308

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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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 of Sun K. Kim
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/00
Date

850-921-3032
Daytime Phone #

CR2E034 (5/00)

Attachment Doc #
pg 000030948
A0071422

July 31, 2000

Uniform Business Report
Division of Corporations
P.O.Box 1500
Tallahassee, FL 32302-1500

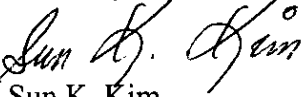
To Whom It May Concerns;

We have received 2000 UBR form (2nd notice) from your office about a week ago. However, we **never received the First Notice**. Since this is the first time filing the corporation report, we didn't know we are supposed to report by May 1, 2000 without the 1st notice.

According to the advice of Ms. Leslie Smith in your office, we are sending the completed UBR form with \$150 check.

Please, accept our applogy for filing late.

Sincerely,



Sun K. Kim
Pet Care Center
2522 NE Capital Circle, Unit #5
Tallahassee, FL 32308