

# 2000 UNIFORM BUSINESS REPORT (UBR)

1/28/00-90204-026-\$150.00-\$150.00

DOCUMENT # P99000040229

1. Entity Name

PUPPY CONNECTION, INC.

FILED

00 MAR -3 AM 11:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

2426 N UNIVERSITY DR  
CORAL SPRINGS FL 33065

Mailing Address

2426 N UNIVERSITY DR  
CORAL SPRINGS FL 33065-5124

2. Principal Place of Business

2546 N. University Dr.  
Suite, Apt. #, etc.

3. Mailing Address

2546 N. University Dr.  
Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip 33065

City & State

Coral Springs, FL

Zip 33065

4. FEI Number

05-0917390

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KROLIKOWSKI, PETER  
2426 N UNIVERSITY DR  
CORAL SPRINGS FL 33065

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	Krolkowski, Peter	<input type="checkbox"/> Delete
NAME	2546 N. University Dr.	
STREET ADDRESS	Coral Springs, FL 33065	
CITY-ST-ZIP		
TITLE	Up	<input type="checkbox"/> Delete
NAME	Pasley, Nicole	
STREET ADDRESS	2546 N. University Dr.	
CITY-ST-ZIP	Coral Springs, FL 33065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Nicole Pasley, President

1-2800 964-340133

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

CR2E034 (9/99)