

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91143 014 ***150.00

DOCUMENT # P99000042669

1. Entity Name
PET PLANET, INC.

Principal Place of Business
**432 23RD AVE N
 SAINT PETERSBURG FL 33704**

Mailing Address
**432 23RD AVE. NORTH
 ST. PETERSBURG FL 33704**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3575873

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status

\$2.75 Additional
 Required

6. Name and Address of Current Registered Agent

7. N

**SANTE, DANA L
 432 23RD AVE. NORTH
 ST. PETERSBURG FL 33704**

Name

Street Address (P.O. Box)

City

*Please note that
 the FEI Number
 should read:
 59-3575873*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent

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, 2002 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

TITLE **P** ☐ Delete
 NAME **SANTE, DANA L**
 STREET ADDRESS **432 23RD AVE. NORTH**
 CITY-ST-ZIP **ST. PETERSBURG FL 33704**

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

TITLE **TS** ☐ Delete
 NAME **ASSIFF, MARY ANN**
 STREET ADDRESS **432 23 AVE N.**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33704**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Mary Ann Assiff
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)