

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

1. Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

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

4. FEI Number 59-3575873 Applied For  
Not Applicable

5. Certificate of Registration \$2.75 Additional  
Required

7. N *Please note that*

*the FEI Number*

*should read:*

*59-3575873*

o Code

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

SIGNATURE *[Signature]* Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE *[Date]*

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **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 SANTE, DANA L	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS	432 23RD AVE. NORTH		STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33704		CITY-ST-ZIP	

TITLE	TS ASSIFF, MARY ANN	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS	432 23 AVE N.		STREET ADDRESS	
CITY-ST-ZIP	SAINT PETERSBURG FL 33704		CITY-ST-ZIP	

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

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CITY-ST-ZIP			CITY-ST-ZIP	

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CITY-ST-ZIP			CITY-ST-ZIP	

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NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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]* Mary Ann Assiff, Secretary, Treasurer 437-727-823-6441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)