

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90030 020 \*\*\*150.00

**DOCUMENT # P99000047010**

1. Entity Name  
**YOUR PET PALS, INC.**

Principal Place of Business 8951 BONITA BEACH RD., STE. 650 BONITA SPRINGS FL 34135	Mailing Address 8951 BONITA BEACH RD., STE. 650 BONITA SPRINGS FL 34135-4276
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8951 Bonita Beach Rd Suite, Apt. #, etc. 1250	3. Mailing Address 8951 Bonita Beach Rd. Suite, Apt. #, etc. 1250
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City & State Bonita Springs, FL	City & State Bonita Springs, FL	4. FEI Number 65-0921152	Applied For <input type="checkbox"/> Not Applicable
Zip 34135	Country USA	Zip 34135	Country USA

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CASSESE, HEATHER**  
**8951 BONITA BEACH RD., STE. 650**  
**BONITA SPRINGS FL 34135**

7. Name and Address of New Registered Agent  
 Name **N/A**  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 <b>President</b>	<input type="checkbox"/> Delete	
NAME <b>Heather Casseese</b>		
STREET ADDRESS <b>9779 Alabama St.</b>		
CITY-ST-ZIP <b>Bonita Springs, FL 34135</b>		
TITLE <b>Secretary</b>	<input type="checkbox"/> Delete	
NAME <b>Joseph Casseese</b>		
STREET ADDRESS <b>9779 Alabama St.</b>		
CITY-ST-ZIP <b>Bonita Springs FL 34135</b>		
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	
NAME		
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: **Heather Casseese** **Heather Casseese** 1/21/00 947-9240  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #