

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jun 21, 2000 8:00 am
Secretary of State

05-03-2000 90146 043 ***150.00

DOCUMENT # P99000048933

1. Entity Name

NUTRA PET, INC.

Principal Place of Business

**6621 E. MALVERA ST.
 INVERNESS FL 34452**

Mailing Address

**6621 E. MALVERA ST.
 INVERNESS FL 34452-8019**

2. Principal Place of Business

3. Mailing Address

9221 S. BRITTANY PATH

9221 S. BRITTANY PATH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

INVERNESS, FL

City & State

INVERNESS, FL

4. FEI Number

59-3584789

Applied For

Not Applicable

Zip

Country

34452-9559

USA

Zip

Country

34452-9559

USA

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

6. Name and Address of Current Registered Agent

**JACOBS, MICHAEL
 6621 E. MALVERA ST.
 INVERNESS FL 34452**

7. Name and Address of New Registered Agent

Name

JACOBS, MICHAEL

Street Address (P.O. Box Number is Not Acceptable)

9221 S. BRITTANY PATH

City

INVERNESS

FL

Zip Code

34452-9559

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 **MICHAEL JACOBS**
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/20/00
 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	PRESIDENT	<input type="checkbox"/> Delete
NAME	MICHAEL JACOBS	
STREET ADDRESS	9221 S. BRITTANY PATH	
CITY-ST-ZIP	INVERNESS, FL 34452	
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		
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)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MICHAEL JACOBS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00
 Date

954-401-4568
 Daytime Phone #

CR2E034 (9/99)