

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P99000051017**



1. Entity Name  
**BUSTER'S TOTAL DOG CARE CENTER, INC.**

Principal Place of Business  
921 E HWY 436  
CASSELBERRY FL 32707  
US

Mailing Address  
921 E HWY 436  
CASSELBERRY FL 32707  
US

**FILED  
Jan 15, 2003 8:00 am  
Secretary of State**

01-15-2003 90306 034 \*\*\*150.00

100-10



CHECK HERE IF MAKING CHANGES

|               |                   |                |
|---------------|-------------------|----------------|
| 4. FEI Number | <b>59-3580147</b> | Applied For    |
|               |                   | Not Applicable |

|                                  |                          |                                       |
|----------------------------------|--------------------------|---------------------------------------|
| 5. Certificate of Status Desired | <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|----------------------------------|--------------------------|---------------------------------------|

**6. Name and Address of Current Registered Agent**

GRILLO, JOSEPH S JR  
1440 GLADIOLAS DRIVE  
WINTER PARK FL 32792

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. I am familiar with, and accept the obligations of registered agent.

*1/2/03*

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

**9. Election Campaign Financing  
Trust Fund Contribution:**  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|  |   |                                 |  |   |
|--|---|---------------------------------|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PSD<br>GRILLO, MICHELLE M<br>1440 GLADIOLAS DRIVE<br>WINTER PARK FL 32792 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>GRILLO, JOSEPH S JR<br>1440 GLADIOLAS DR<br>WINTER PARK FL 32792     | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michelle M Grillo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/2/03*

*407-331-7736*

Date

Daytime Phone #