

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2002 8:00 am
Secretary of State

09-05-2002 90039 028 ***150.00

DOCUMENT # P99000056133

1. Entity Name
BOW WOW MEOW PRODUCTIONS, INC.

Principal Place of Business

4839 S.W. 148TH AVENUE
 SUITE 409
 DAVIE FL 33330

Mailing Address

4800 S.W. 168 AVENUE
 S. WEST RANCHES
 FT. LAUDERDALE FL 33331

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0977864**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SKUBISH, MARY PATRICIA
4800 S.W. 168 AVENUE
S. WEST RANCHES
FT. LAUDERDALE FL 33331

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.

SIGNATURE

Mary Patricia Skubish

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	EGSD SKUBISH, MARY PATRICIA 4800 S.W. 168TH AVENUE FT. LAUDERDALE FL 33331	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SKUBISH, MARY PATRICIA 4800 S.W. 168TH AVENUE FT. LAUDERDALE FL 33331	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowerments.

SIGNATURE:

Mary Patricia Skubish

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (4/02)

Attachment

#PR000056133

Aug 29th 02

To Whom it may concern:

I have recently lost my husband
of 43 years - & I know its no
excuse, but I just have a
very small pet sitting business
& I really dont remember receiving
prior notice, Please except my
check for \$150⁰⁰ if you can -

I thank you very much for
showing me any consideration

Mary Pat Shubert