

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062546

1. Entity Name

A TOUCH OF CLASS DOG GROOMING, INC.

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90067 004 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

723 E. COLONIAL DRIVE
SUITE 210
ORLANDO FL 32803

Mailing Address

723 E. COLONIAL DRIVE
SUITE 210
ORLANDO FL 32803

2. Principal Place of Business

1015 E. Semoran Blvd

3. Mailing Address

same

Suite, Apt. #, etc.

#121

Suite, Apt. #, etc.

City & State

Casselberry, FL

City & State

Zip

32707

Country

Seminole

Zip

32

Country

4. FEI Number

59-3587121

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SULLIVAN, CROL J
723 E. COLONIAL DRIVE
SUITE 210
ORLANDO FL 32803

Name

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

2770 Willow Bay Terrace

City

Casselberry,

FL

Zip Code

32707

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

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 \$150.00
After MAY 1, 2001 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 ☐ Delete

D
SULLIVAN, CAROL J
723 E. COLONIAL DRIVE, SUITE 210
ORLANDO FL 32803

TITLE ☒ Change ☐ Addition

2770 Willow Bay Terrace
Casselberry, FL 32707

TITLE ☐ Delete

vice pres.
Doris Primicerio
2770 Willow Bay Ter Cass, FL 32707

TITLE ☐ Change ☐ Addition

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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 12 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Doris L. Primicerio

Daytime Phone #

407-830-7800

CR2E034 (10/00)