

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

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90094 018 ***150.00

DOCUMENT # P99000087526

1. Entity Name
YOUR PRECIOUS PETS, INC.



Principal Place of Business
**5031 N.W. 6TH STREET
DELRAY BEACH FL 33445**

Mailing Address
**5031 N.W. 6TH STREET
DELRAY BEACH FL 33445**

70025233



2. Principal Place of Business

2429 Sundy Avenue
Suite, Apt. #, etc.

3. Mailing Address

2429 Sundy
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Delray Beach, Florida

Zip
33444

Country
USA

City & State
Delray Beach, Florida

Zip
33444

Country
U.S.A

4. FEI Number
65-0988126

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132**

7. Name and Address of New Registered Agent

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

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

TITLE **D** ☐ Delete
NAME **BRUNO, JAMES K**
STREET ADDRESS **5031 N.W. 6TH STREET**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **D** ☐ Delete
NAME **BRUNO, ANN**
STREET ADDRESS **5031 N.W. 6TH STREET**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-2003 561-2224202
Date Daytime Phone #

CR2E034 (10/02)