

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000093401**

1. Entity Name

**PET CARE PLUS, INC.****FILED**  
**Sep 15, 2000 8:00 am**  
**Secretary of State**

09-15-2000 90010 022 \*\*\*550.00

Principal Place of Business

2115 GLENMONT LANE  
ORLANDO FL 32817

Mailing Address

~~2115 GLENMONT LANE~~  
~~ORLANDO FL 32817~~  
4270 Aloma Ave  
Suite 124-PMB  
Winter Park,  
FL 32792

2. Principal Place of Business

2115 Glenmont Lane

3. Mailing Address

4270 Aloma Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE. 124 - PMB 34J

City &amp; State

Orlando, FL 32817

City &amp; State

Winter Park, FL 32792

Zip

Country

Zip

Country

4. FEI Number

59-3606703

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****REYNOLDS, LYNNE J**  
**2115 GLENMONT LANE**  
**ORLANDO FL 32817****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.

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. 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**TITLE **President** ☐ Delete  
NAME  
STREET ADDRESS **Lynne Reynolds 32817**  
CITY-ST-ZIP **2115 Glenmont Lane, Orlando, FL**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **Treasurer** ☐ Delete  
NAME  
STREET ADDRESS **Robert Abram**  
CITY-ST-ZIP **2115 Glenmont Ln.**  
**Orlando, FL 32817**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **Secretary** ☐ Delete  
NAME  
STREET ADDRESS **Keisha Reynolds**  
CITY-ST-ZIP **14118 Hunters Grove Dr.**  
**Orlando, FL 32828**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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)(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 empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

TEL: 407-658-1961  
9-10-2000

CR2E034 (5/00)