

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2003 8:00 am
Secretary of State

06-09-2003 90123 012 ***550.00

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DOCUMENT # P99000097016

1. Entity Name

IT'S A DOG'S LIFE, INC.



Principal Place of Business
316 NORTHEAST FOURTH ST.
FORT LAUDERDALE FL 33301

Mailing Address
316 NORTHEAST FOURTH ST.
FORT LAUDERDALE FL 33301



2. Principal Place of Business

3. Mailing Address

1901 N. Victoria Park Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

Ft. Lauderdale FL

4. FEI Number

31-1699996

Applied For

Not Applicable

Zip

Country

Zip

Country

33305 Broward

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

SHAHADY, THOMAS R
316 NORTHEAST FOURTH ST.
FORT LAUDERDALE FL 33301

Name

Thomas B. Shahady

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

330 East Las Olas Blvd. #

17th Floor

City

Ft. Lauderdale

FL

Zip Code

33301

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

Thomas B. Shahady

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 ☐ Delete
NAME PD
STREET ADDRESS SHAHADY, ELIZABETH
CITY-ST-ZIP 316 NORTHEAST FOURTH ST.
FORT LAUDERDALE FL 33301

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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 life empowered.

SIGNATURE:

Thomas B. Shahady
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/5/2003 954-609-1074
Date Daytime Phone #

CR2E034 (10/02)