

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000097668

1. Entity Name  
AKZ GROOMING, INC.

Principal Place of Business  
6219 JOHNSON STREET  
HOLLYWOOD FL 33024

Mailing Address  
6219 JOHNSON STREET  
HOLLYWOOD FL 33024

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent

COTTONE, R CHRIS  
C/O GREENTREE FINANCIAL SVS CORP  
2901 S PALM-AIRE DR STE 107  
POMPANO BEACH FL 33069

4. FEI Number 65-0962372

Applied For  
Not Applicable

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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

TITLE  
NAME PD  
STREET ADDRESS NARBONE, VINCENT  
CITY-ST-ZIP 6219 JOHNSON STREET  
HOLLYWOOD FL 33024 ☐ Delete

TITLE  
NAME VSTD  
STREET ADDRESS NARBONE, DOROTHY  
CITY-ST-ZIP 6219 JOHNSON STREET  
HOLLYWOOD FL 33024 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 empowered.

SIGNATURE: Dorothy NARBONE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/02 954-981-1175  
Date Phone #

**FILED**  
**Jan 07, 2002 8:00 am**  
**Secretary of State**

01-07-2002 90010 002 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)