

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2003 8:00 am
Secretary of State

07-11-2003 90049 029 ***150.00

DOCUMENT # P99000102320

1. Entity Name
PET PEEVE, INC.



Principal Place of Business
11325 NORTHEAST 9TH COURT
NORTH MIAMI FL 33161

Mailing Address
11325 NORTHEAST 9TH COURT
NORTH MIAMI FL 33161



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0963949**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COCCHIOLA, SHARYN C
11325 NORTHEAST 9TH COURT
NORTH MIAMI FL 33161

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 \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **COCCHIOLA, SHARYN C**
STREET ADDRESS **11325 NORTHEAST 9TH COURT**
CITY-ST-ZIP **NORTH MIAMI FL 33161**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sharyn Cocchiola

7-9-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Deadline Phone #

CR2E034 (4/03)

Attachment

80130572

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PAGE
NO.

PREPARED BY

DATE

To Division of Corporations

I called your office on July 8, explaining that I just received these Bus Report filings that morning. The \$550 charge was a shock, since I've always paid \$150.

Since I've lived at this address (past 13 yrs) I have had a problem with the mail and package deliveries.

Whoever I spoke with told me that I should have received these notices at the beginning of the year. If I had, I would have sent in the checks, right then & there.

Please accept my corp. payments of \$150.00. since I do not have any other paperwork with the correct amounts, I hope that this will do.

Thank you

Sharyn Cecchiola