

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000105981

1. Entity Name

RONNIE'S CRITTER SITTING SERVICE, INC.

**FILED**  
**Apr 28, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90066 030 \*\*\*150.00

Principal Place of Business

1233 CHENILLE CIR  
WESTON FL 33327

Mailing Address

1233 CHENILLE CIR  
WESTON FL 33327

2. Principal Place of Business

1233 Chenille Circle

3. Mailing Address

1233 Chenille Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Weston FL

City & State

Weston FL

4. FEI Number

65-0964944

Applied For

Not Applicable

Zip

33327

Country

USA

Zip

33327

Country

USA

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

6. Name and Address of Current Registered Agent

DIORENZO, RONNIE D  
1233 CHENILLE CIR  
WESTON FL 33327

7. Name and Address of New Registered Agent

Name

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

1233 Chenille Circle

City

Weston FL

FL

Zip Code

33327

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 \$150.00**  
**After MAY 1, 2001 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: PSVT  
NAME: DIORENZO, RONNIE D  
STREET ADDRESS: 1233 CHENILLE CIR  
CITY-ST-ZIP: WESTON FL 33327 ☐ Delete

TITLE: D  
NAME: DIORENZO, RONNIE D  
STREET ADDRESS: 1233 CHENILLE CIR  
CITY-ST-ZIP: WESTON FL 33327 ☐ Delete

TITLE: ☐ Delete  
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TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
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NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
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: *Ronnie Di Lorenzo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/01 954-389-8744  
Date Daytime Phone #

CR2E034 (10/00)