

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State

0439014

DOCUMENT # V39323

1. Entity Name

TEACHER'S PET . . . AND MORE, INC.

06-04-2001 90002 049 ***150.00

00000001



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1708 N.W. FEDERAL HIGHWAY STUART FL 34994	Mailing Address 1708 N.W. FEDERAL HIGHWAY STUART FL 34994
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0336458	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent

WALTER, LORRAINE M.
1708 N.W. FEDERAL HIGHWAY
STUART FL 34994

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!
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 NAME STREET ADDRESS CITY-ST-ZIP	P WALTER, LORRAINE M. 2398 SE BELVEDERE ST PORT ST. LUCIE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WALTER, H. SCOTT 2398 SE BELVEDERE ST PORT ST. LUCIE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 empowers.

SIGNATURE: *Henry Scott Wells* April 2001 561 466 3633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Attachment
DT# V39323
BO58801

May 29th, 2001

H. Scott Walter
Teacher's Pet and More, Inc
1708 NW Federal Hwy
Stuart Fl 34994

Re Document V39323

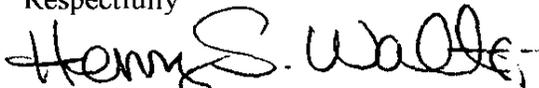
Florida Department of State
To whom it may concern:

For the past numerous years I have reported our filing and payment request, using the uniform business report that you submit to us at the beginning of each new year. This year of 2001, you went on line with a web site at www.sunbiz.org to electronic file and pay using a credit card, which I completed in Mid April of this year. Believing that I completed as necessary by following the on screen prompts to complete the said application.

I telephoned today, to discover that our electronic filling was not processed, and that I am over due. I am now sending this completed form with the required fess of \$150.00, (check attached). I am also requesting information or what went wrong with the on-line process that I followed and what can we do to assure future filling? Also the information that I generated giving our corporate credit card, the account number and it's expiration date, where might that info be lost to, who could find and maybe misuse?

Thank you for your time

Respectfully



Henry Scott Walter
Teacher's Pet and More