

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90168 033 ***158.75

DOCUMENT # V71944

1. Entity Name
CRAZY ABOUT PETS, INC.



Principal Place of Business
2056 EAST OAKLAND PARK BLVD
FT LAUDERDALE FL 33306
US

Mailing Address
6202 NW 45TH AVE
COCONUT CREEK FL 33073
US



2. Principal Place of Business
2056 E. OAKLAND PK. BVD.

3. Mailing Address
6202 N.W. 45 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
FT. LAUDERDALE FLA

City & State
COCONUT CREEK FLA

4. FEI Number **65-0319536**

Applied For
Not Applicable

Zip **33306** Country **U.S.**

Zip **33073** Country **U.S.**

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

MALIN, DAVID
6202 NW 45TH AVE
FT LAUDERDALE FL 33073

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

2-26-03

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 **P** ☐ Delete
NAME **MALIN, DAVID**
STREET ADDRESS **6202 NW 45TH AVE**
CITY-ST-ZIP **FT LAUDERDALE FL 33073**

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

TITLE **VP** ☐ Delete
NAME **MALIN, MARGE**
STREET ADDRESS **6202 N.W. 45 AVE**
CITY-ST-ZIP **FT. LAUDERDALE FL 33073**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-03

Date

954 563 1644

Daytime Phone #

CR2E034 (10/02)