



04-28-2003 91435 018 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000016084			
1. Entity Name COMPANION PET PRODUCTS, INC.			
Principal Place of Business 2541 SW 87TH PLACE OCALA, FL 34476		Mailing Address 2541 SW 87TH PLACE OCALA, FL 34476	
2. Principal Place of Business		3. Mailing Address	
BUS. ACQ. F. CD.		BUS. ACQ. F. CD.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 04-3608745		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$3.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DENKER, MITCHELL ESQ. 12130 SW 47TH AVE. BELLEVUE, FL 34420		7. Name and Address of New Registered Agent Name Sharon B. Lynn Street Address (P.O. Box number is not acceptable) 2541 SW 87 PL OCALA, FL City FL Zip 34476	
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 further with, and accept the obligations of registered agent. SIGNATURE <i>Sharon B. Lynn</i> DATE 4/24/03			
		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LYNN, JAMES 2541 SW 87TH PLACE OCALA, FL 34476 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 or without the empowered.			
SIGNATURE <i>James J. Lynn</i> JAMES J. LYNN 4/24/03 352-427-5656		SIGNATURE _____	

55043381



CHECK HERE IF MAKING CHANGES

CREEDON (10/02)