2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

H10622 **DOCUMENT#**



Apr 23, 2003 8:00 am \$ Secretary of State \$ 04-23-2003 90000 015 **FILED**

| 1. Entity Name KRITTER KENNELS, INC. | | | | | | | | 04-23-2003 90293 046 ***150.00 | | | |
|--|------------------|--------------------------------------|---|----------------------|-----------------------|-----------------|---|---|-----------------|------------------------|--|
| Principal Place 507 E. JOHN NICEVILLE FL | SIMS PKWY. | | Mailing Address 507 E. JOHN SIMS PKWY. NICEVILLE FL 32578 | | | | | | | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | | | | | | #:DI: 0:0!! !D1 | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | | ☑ . ☑ CHECK HERE IF MA | KING CHANGES | | |
| City & State | | | City 8 | | | | 4. FEI Number 582233330 Applied For Not Applicable | | | | |
| Zip Country | | Zip | | Coun | Country | | 5. Certificate of Status Desired | \$8.75 Ad Fee Require | | | |
| | 6. Name | and Address of Curren | t Registered | d Agent | | | | 7. Name and Address of New Registe | · | | |
| BROWN VERA WALKER 1402 29TH STREET 507 EAST JOHN SIMS PARKWAY | | | | | | | Name Brown, Vera Walker Street Address (P.O. Box Number is Not Acceptable) 507 East Jöhns Sims Parkway | | | | |
| NICEVILL | E FL 32578 | | | | | | iceville. 55 FL Zip Code 32578 | | | | |
| | named entit | | or the purpo | se of changing its r | egistere | ed office or | registered | d agent, or both, in the State of Florida. | | | |
| SIGNATURE . | Signature, typed | . or printed name of registered ager | t and title if appli | cable. (NOTE: | Registere | d Agent signate | ure required wh | nen reinstating) D | ATE | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | | | | , | | Election Campaign Financing Trust Fund Contribution. | | 00 May Be d to Fees | |
| 10. | | OFFICERS AND | DIRECTOR | RS | 11. | | | ADDITIONS/CHANGES TO OFFICERS | AND DIRECTOR | S IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | /era walker h street e fl. | | ☐ Delete | | | .5 07 | wn, Vera Walker East John Sims Parkw eville, FL 32578 | K Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Şergi | | ☐ Delete | | | | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS | | | | □ Delete | TITLE NAMI STRE | E ET ADDRESS | | | ☐ Change | ☐ Addition | |
| CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Delete | TITLE NAMI STRE | | سيون الا داي داد الا | responding to the second | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | □ Delete | | | | ł | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS | | | | ☐ Delete | TITLE NAMI STRE | | | | Change | ☐ Addition | |

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #