2000 UNIFORM BUSINESS REPORT (UBR) FILED J21478 **POCUMENT #** May 08, 2000 8:00 am 1. Entity Name PET FOOD WAREHOUSE, INC. Secretary of State 05-08-2000 90217 039 ***150.00 Principal Place of Business Mailing Address 7011 Central Avenue 7011 Central Avenue Suite B Suite B St. Petersburg FL 33710 St. Petersburg FL 33710 F0009007 2. Principal Place of Business 3. Mailing Address 7011 Central Avenue 7011 Central Avenue Suite, Apt. #. etc. Suite B Suite, Apt. #. etc. Suite B DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-2715073 St. Petersburg FL St. Petersburg FL Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 3371033710 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARC A. TENNEY. ESQ. MARC A. TENNEY, ESQ. Street Address (P.O. Box Number is Not Acceptable) 5999 Central Avenue Suite 200 7011 Central Avenue Suite B St. Petersburg FL 33710 Petersbur 2 8. The above named epitity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. WEAVER, HOWARD E. JR. ☐ Change ☐ Addition TITLE TITLE ☐ Delete 4811 Scio Church NAME NAME STREET ADDRESS STREET ADDRESS Ann Arbor MI 48103 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE. NAME NAME WEAVER, Norma J. STREET ADDRESS STREET ADDRESS 4811 Scio Church CITY-ST-ZIP CITY-ST-ZIP Ann Arbor MI 48103 Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: Howard & July 4-22-00 7.34-66-2.1935
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Dayline Phone #