2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 01, 2002 8:00 am Secretary of State J59885 DOCUMENT # 1. Entity Name 05-01-2002 91534 038 ***150.00 IVEY'S PET CENTER, INC. Principal Place of Business Mailing Address 1741 EAST NINE MILE RD 1741 EAST NINE MILE RD SUITE 9 SUITE 9 PENSACOLA FL 32514 PENSACOLA FL 32514 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2758421 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WILLIAM D IVEY Street Address (P.O. Box Number is Not Acceptable) 586 HUMMINGBIRD DR. PENSACOLA FL 32514 Zip Code City 8. The above named entity submits has statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 3-4-02 SIGNATURE (NOTE: Registered Agent signature required when reinstating) if applicable. Signature, typed or printed name of registered age FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangil 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE TITLE Delete IVEY, DAVID, H NAME william D. Iver NAME_ 9508 SANDPIPER ST STREET ADDRESS STREET ADDRESS PENSACOLA FL CITY-ST-ZIP CITY-ST-ZIP ۷D Delete TITLE Change TITLE IVEY, WILLIAM, D NAME 9508 SANDPIPER ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA FL CITY-ST-7/P ☐ Change ☐ Addition TITLE Delete TITLE IVEY, SHARON, N NAME NAME 9508 SANDPIPER ST STREET ADDRESS STREET ADDRESS PENSACOLA FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED