

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J69566

1. Entity Name

PET HARBOR OF LAKE COUNTY, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90367 032 ***150.00

Principal Place of Business 16868 NEW U.S. 441 MT. DORA FL 32757 US	Mailing Address 16868 NEWS U.S. 441 MT. DORA FL 32757 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2808812	Applied For Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE.

6. Name and Address of Current Registered Agent MEREDITH, DOROTHY 520 S BURRELL GROVE ROAD MOUNT DORA FL 32757	7. Name and Address of New Registered Agent Name TROY Lillie Street Address (P.O. Box Number is Not Acceptable) 21902 CR 44A City EUSTIS FL Zip Code 32736
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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.

SIGNATURE Troy Lillie TROY Lillie
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing - Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEREDITH, DOROTHY 520 S CURRELL GROVE RD MOUNT DORA FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TROY Lillie 21902 CR 44A EUSTIS, FL 32736 <input checked="" 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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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

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: Troy Lillie TROY Lillie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)