## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 15, 2002 8:00 am Secretary of State DOCUMENT # L07003 1. Entity Name 07-15-2002 90194 005 \*\*\*150.00 ANICARE SUPPLY, INC. Principal Place of Business Mailing Address 676 FLORIDA CENTRAL PKWY % KENNETH E. ACRE. SR. LONGWOOD FL 32750 676 FLORIDA CENTRAL PWKY LONGWOOD FL 32750 A Bone 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-2963977 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Name\_ ACRE, KENNETH E DR. Street Address (P.O. Box Number is Not Acceptable) 676 FLORIDA CENTRAL PKWY LONGWOOD FL 32750 Zip Code 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 familiar with, and accept the obligations of registered agent. ire, yped or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Delete ☐ Change ☐ Addition ACRE, KENNETH E., SR. NAME STREET ADDRESS 27101 C.R. 44-A STREET ADDRESS CITY-ST-ZIP **EUSTIS FL** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAMÉ \*= \* \*-STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

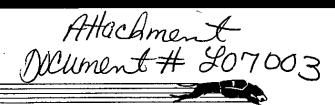
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP





P.O. BOX 520132 E LONGWOOD, FL 32752 407-260-8272 1-800-476-2642

Florida Department Of State Division Of Corporations P.O. Box 6327 Tallahassee, Florida 32314

July\_10, 2002

Re: UBR 2002

Dear Sirs,

We did not receive a notice prior to May of 2002 for our corporate renewal. Please accept my payment for \$150.00.

I thank you for your cooperation.

Sincerely,

Kenneth E. Acre Sr., D.V.M.

Anicare Supply, Inc.