

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L72987

1. Entity Name

Th Total Pet Complex at Beach Blvd. East, Inc.

Principal Place of Business

Mailing Address

PO Box 551165

PO Box 551165

Jacksonville, FL 32255-1165

Jacksonville, FL 32255-1165

2. Principal Place of Business

PO Box 1294

3. Mailing Address

PO Box 1294

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach, FL

City & State

Ponte Vedra Beach, FL

Zip
32004

Country
USA

Zip
32004

Country
USA

4. FEI Number

59-3023035

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Richard G. Hathaway, P.A.
10151 Deerwood Park Blvd.
Building 100, Ste. 250
Jacksonville, FL 32256

Name

Pamela K. Phillips

Street Address (P.O. Box Number is Not Acceptable)

50 N. Laura Street, Suite 2800

City

Jacksonville,

FL

Zip Code
32202

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

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)

XX

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.

□

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PTD
Jay A. Shapiro
880 State Rd. 1A, Ste. 21
Ponte Vedra Beach, FL 32082

□ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

□ Change □ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

□ Delete

TITLE
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CITY-ST-ZIP

□ Change □ 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:

Jay A. Shapiro

9/20/00

(904) 607-0168

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)