

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002362

1. Entity Name

PETVETCARE.COM, LLC.

FILED

01 APR 25 AM 7:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

5320 EAST BAY DR.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CLEARWATER, FL.

City & State

4. FEI Number

59-2893119

Applied For

Not Applicable

Zip

33764

Country

USA

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SERGIO CARVAJAL, DVM.
1006 SANABEL CT. NE.
ST. PETERSBURG, FL. 33702

Name

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

MGR

City

FL

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.

SIGNATURE

Sergio Carvajal, DVM

4-12-01

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE: JUAN CARVAJAL Delete
NAME: JUAN CARVAJAL
STREET ADDRESS: 5320 EAST BAY DR.
CITY-ST-ZIP: CLEARWATER FL. 33764

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: CRUZ CARVAJAL Delete
NAME: CRUZ CARVAJAL
STREET ADDRESS: 1006 SANABEL CT. NE.
CITY-ST-ZIP: ST. PETERSBURG, FL. 33702

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: LEONOR CARVAJAL Delete
NAME: LEONOR CARVAJAL
STREET ADDRESS: 1006 SANABEL CT. NE.
CITY-ST-ZIP: ST. PETERSBURG, FL. 33702

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: Delete
NAME: Delete
STREET ADDRESS: Delete
CITY-ST-ZIP: Delete

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: Delete
NAME: Delete
STREET ADDRESS: Delete
CITY-ST-ZIP: Delete

TITLE: Change Addition
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STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: Delete
NAME: Delete
STREET ADDRESS: Delete
CITY-ST-ZIP: Delete

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Sergio Carvajal, DVM

4-12-01

727-535-5433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (1/100)