-2001 UNIFORM BUSINESS REPORT (UBR)

12. I hereby certify

SIGNATURE

May 18, 2001 8:00 am[§] Secretary of State DOCUMENT # N0000002063 1. Entity Name 05-18-2001 91565 001 ****61.25 PENNIES TO PROTECT POLICE DOGS, INC. Principal Place of Business Mailing Address 508 ZINNIA DR. 768050 508 ZINNIA DR. CASSELBERRY FL 32707 CASSELBERRY FL 32707 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-04 Not Applicable Zip Zip Country 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 Street Address (P.O. Box Number is Not Acceptable) OWEN, RICHARD B ESQ. 5250 S. U.S. HWY, 17-92 CASSELBERRY FL 32707 City Zip Code FL 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 FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS Director ☐ Change Addition TITLE TITLE ☐ Delete sim Goodman NAME HILLMAN, STACEY NAME 5, HW4 17-92 STREET ADDRESS STREET ADDRESS 508 ZINNIA DR. CITY-ST-ZIP CITY-ST-ZIP CASSELBERRY FL 32707 VD ☐ Delete TITLE Change TITLE Eslinge FANNIN, CHRISTOPHER L NAME NAME STREET ADDRESS STREET ADDRESS 3529 SHIRLEY DR. CITY-ST-ZIP CITY-ST-ZIP APOPKA FL 32709 STD ☐ Delete TITLE MOORE, JACKIE essica orenzo STREET ADDRESS STREET ADDRESS 508 ZINNIA DR. CITY-ST-ZIP CASSELBERRY FL 32707 CITY-ST-ZIP ☐ Delete ☐ Addition NAME LABRUSCIANO, MARTIN S NAME STREET ADDRESS 4195 SOUTH HWY. 17-92 STREET ADDRESS CITY-ST-ZIP CASSELBERRY FL 32707 CITY-ST-ZIP Directors ☐ Delete TITLE ☐ Change ☐ Addition Rock Galloway NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. May 11,2001 407834-9668