2003 NOT-FOR-PROFIT CORPORATION

Apr 29, 2003 8:00 am § Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # N0100003365 04-29-2003 90054 045 ****70.00 PURRFECT LOVE CAT AND KITTEN RESCUE, INC. Principal Place of Business Mailing Address DUULJEVU 699-02 MERRILL ROAD 2945 SYDNEY ROAD #323 中。就被建筑的 JACKSONVILLE FL 32205 JACKSONVILLE FL 32277 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number 59-3718803 Applied For Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 🖘 🗢 😁 RUMBO, DEBORAH. 2945 SYDNEY ROAD JACKSONVILLE FL 32205 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. SIGNATURE 9. Election Campaign Financing Make Check Payable to .\$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. -Florida Department of State Added to Fees-OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD VPD TITLE Delete TITLE Change Addition NAME RAMBO, DEBBIE NAME Peggy STREET ADDRESS 6999-02 MERRILL ROAD #333 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32277 322*I*X ☐ Delete TITLE Change ■ Addition TITLE **BROSIUS, HILEE** NAME NAME STREET ADDRESS STREET ADDRESS 7047 ARGYES DRIVE CITY-ST-7IP CITY-ST-ZIP JACKSONVILLE: FL-32205 -TITLE Delete TITLE ☐ Addition Change BARBREE, TABITHA NAME NAME STREET ADDRESS STREET ADDRESS 6999-02 MERRILL ROAD #323 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32277 TITLE ST ☐ Delete TITLE Change ☐ Addition NAME SCHWABE, UNANDA NAME STREET ADDRESS STREET ADDRESS 6999-02 MERRILL ROAD #323 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32277 ☐ Addition ☐ Delete DITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME

12. 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 in execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 is changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED