2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 16, 2001 08:00 AM N93000003058 DOCUMENT # 1. Entity Name **Secretary of State** NORTH AMERICAN PET OWNERS ALLIANCE, INC. Principal Place of Business Mailing Address 3395 NW 37TH AVE 3395 NW 37TH AVE LAUDERDALE LAKES FL LAUDERDALE LAKES 33309 33309 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 65-0423352 Not Applicable Zip Country 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 FACH RON FCAPT. Street Address (P.O. Box Number is Not Acceptable) 3395 NW 37 AVE. LAUDERDALE LAKES FL33309 US City 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. 02/16/2001 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE and the second second FILE NOW: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete D TITLE ☐ Change ☐ Addition NAME WOODFORD DAN NAME STREET ADDRESS STREET ADDRESS 6551 NW 1ST ST CITY-ST-ZIP CITY-ST-ZIP MARGATE 33063 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BROWNE MAXINE NAME STREET ADDRESS STREET ADDRESS 12730 COTTAGE AVE CITY-ST-ZIP CHARLEVOIX МП 48720 CITY-ST-ZIP TITLE X Delete TITLE Change ☐ Addition NAME KALICK GLEN DR NAME STREET ADDRESS STREET ADDRESS 22604 BLUE FIN TRAIL CITY-ST-ZIP BOCA RATON CITY-ST-ZIP FL. 33428 TITLE Delete TITLE Change Addition NAME LEONARD WILLIAM NAME STREET ADDRESS 633 S ANDREWS AVE #402 STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE \mathbf{FL} 33301 CITY-ST-ZIP TITLE D Delete TITLE Change ☐ Addition NAME WOSKOW MELINDA NAME STREET ADDRESS 10000 W. BAY HARBOR DR. #525 STREET ADDRESS CITY-ST-ZIP MIAMI \mathbf{FL} 33154 CITY-ST-ZIP TITLE PTD □ Delete TITLE Change Addition

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

NAME

33309

SIGNATURE:

FACH

3395 NW 37TH AVE

LAUDERDALE LAKES

NAME

STREET ADDRESS

CITY-ST-ZIP

Capt Ron Fach

RON

CAPT

PTD

02/16/2001

CR2E037 (11/00)

DICK VANDENBOSCH, DIRECTOR 17118 NW 138 AVE.

ALACHUA, FL 32615

JOHN BOUVIER, DIRECTOR 3460 JOE ASHTON RD.

ST. AUGUSTINE, FL 32092