

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jul 29, 2001 08:00 AM****Secretary of State****DOCUMENT # N98000006428**1. Entity Name  
PETS IN DISTRESS II, INC.

Principal Place of Business	Mailing Address
3161 SW 116TH AVENUE	3161 SW 116TH AVENUE
DAVIE FL 33330	DAVIE FL 33330

2. Principal Place of Business	3. Mailing Address
521 SW 59 STREET	521 SW 59 STREET

Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
OCALA FL	OCALA FL

Zip	Country	Zip	Country
34474		34474	

4. FEI Number	Applied For
65-0879642	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCGARRY BARBARA A 3161 SW 116TH AVENUE DAVIE FL 33330 US	Name MCGARRY BARBARA A Street Address (P.O. Box Number is Not Acceptable) 521 SW 59 STREET City OCALA FL Zip Code 34474

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 \_\_\_\_\_ DATE **07/29/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make Check Payable to</b> <b>Department of State</b>
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
<table><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>MCGARRY BARBARA A</td><td></td></tr><tr><td>STREET ADDRESS</td><td>3161 SW 116TH AVENUE</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>DAVIE FL 33330</td><td></td></tr></table>	TITLE	D	<input type="checkbox"/> Delete	NAME	MCGARRY BARBARA A		STREET ADDRESS	3161 SW 116TH AVENUE		CITY-ST-ZIP	DAVIE FL 33330		<table><tr><td>TITLE</td><td>D</td><td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td>MCGARRY BARBARA A</td><td></td></tr><tr><td>STREET ADDRESS</td><td>521 SW 59 STREET</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>OCALA FL 34474</td><td></td></tr></table>	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	MCGARRY BARBARA A		STREET ADDRESS	521 SW 59 STREET		CITY-ST-ZIP	OCALA FL 34474	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: Barbara A. McGarry Pres 07/29/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)