

2001 UNIFORM BUSINESS REPORT (UBR)

1-2

FILED
May 25, 2001 8:00 A.
Secretary of State

DOCUMENT # P00000001468	
1. Entity Name PETSVETSANDYOU, INC.	
Principal Place of Business 3103 SAMARA DRIVE TAMPA, FLORIDA 33618	Mailing Address 3103 SAMARA DRIVE TAMPA, FLORIDA 33618
2. Principal Place of Business 10919 N. DALE MABRY HWY	3. Mailing Address 10919 N. DALE MABRY HWY
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State TAMPA, FLORIDA	City & State TAMPA, FLORIDA 33618	4. FEI Number 59-3619483	Applied For <input type="checkbox"/> Not Applicable
Zip 33618	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent R. REID HANEY 101 E. KENNEDY BLVD., SUITE 4100 TAMPA, FLORIDA 33602		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/P/D JAMES J. CARLSTEDT 10919 N. DALE MABRY BLVD. TAMPA, FLORIDA 33618	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500004418995-4 -06/14/01--01011--006 ****150.00 ****150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CH/D/SGARCIA, D.V.M. EDDIE GARCIA, D.V.M. 10919 N. DALE MABRY BLVD. TAMPA, FLORIDA 33618	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D NEIL COLBY 10919 N. DALE MABRY BLVD. TAMPA, FLORIDA 33618	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/AS LANA COLBY 10919 N. DALE MABRY BLVD. TAMPA, FLORIDA 33618	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/AS KEVIN L. TURNER 10919 N. DALE MABRY BLVD. TAMPA, FLORIDA 33618	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James J. Carlstedt **JAMES J. CARLSTEDT, PRESIDENT**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)

KELLEY A. BOSECKER*
CHARLES H. CARVER
BRET HAMLIN
R. REID HANEY
RONALD G. HOCK
WILLIAM KALISH*
JENNIFER L. MYERS
JONATHAN W. NEWLON
LAURIE L. PUCKETT
KIRSTEN L. REKART
ROGER J. ROVELL
WILLIAM R. SWINDLE**
R. DENNIS TWEED
AUGUST M. VAN EEPFORD
ALTON C. WARD
ROBERT S. WILLIAMS

KALISH & WARD
PROFESSIONAL ASSOCIATION
ATTORNEYS AT LAW

4100 BARNETT PLAZA
101 EAST KENNEDY BOULEVARD
TAMPA, FLORIDA 33602-5152

TELEPHONE: (813) 222-8700
FACSIMILE: (813) 222-8701

PLEASE REPLY TO:
P.O. BOX 71
TAMPA, FLORIDA 33601-0071

WRITER'S DIRECT LINE
AND E-MAIL:
(813) 222-8737
fvalor@kwlaw.com

May 21, 2001

*BOARD CERTIFIED TAX LAWYER
**BOARD CERTIFIED WILLS, TRUSTS & ESTATES LAWYER

Ms Karon Beyer
Division of Corporation
Florida Department of State
409 East Gaines Street
Tallahassee, Florida 32399

Re: PetsVetsandYou, Inc.
Our File No.: 1853.99-1487

Dear Ms Beyer:

Enclosed, on behalf of our client, is the 2001 Uniform Business Report for the above-referenced Florida corporation along with a check in the amount of \$150.00 made payable to the Florida Department of State, which was due on April 30, 2001.

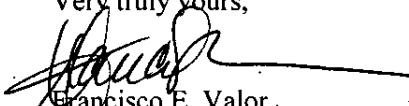
We petition your office your office to waive the additional \$400.00 late filing fee based on the fact that our client did not receive the annual report at either the original address or the new address, even though they had properly filed the change of address form with the U.S. Postal Service prior to their relocation last June and were not aware of the current deficiency until our office pulled up the corporate profile from your office's database.

Since this is the first year that they were required to file the UBR, we respectfully ask your office to grant them this request.

Should you have any further questions, please feel free to contact me at (813) 222-8737.

Again I thank you for your prompt attention to this matter.

Very truly yours,


Francisco E. Valor,
Legal Assistant

fev
Enclosures

cc: R. Reid Haney, Esq. (w/o Enclosures)
James J. Carlstedt (w/ Enclosures)