2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Aug 25, 2003 8:00 am Secretary of State P00000007193 DOCUMENT # 08-25-2003 90103 027 ***550.00 1. Entity Name DOG'S CHOICE, INC. Principal Place of Business Mailing Address 4601 E. HWY.100,UNIT B-10 4601 E. HWY.100.UNIT B-10 BUNNELL FL 32110 BUNNELL FL 32110 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number City & State City & State Applied For 59-3628851 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 Name ROSE, MICHAEL Street Address (P.O. Box Number is Not Acceptable) **40 WICHESTER ROAD ORMOND BEACH FL 32174** City Zip Code his 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 above named entity submits the obligations of registered a SIGNATURE ed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILÉ NOWLY: FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITL F TITLE Change Addition Delete ROSE, MICHAEL NAME NAME STREET ADDRESS **40 WICHESTER ROAD** STREET ADDRESS ORMOND BEACH FL 32174 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this fling 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 10 or Block 11 if changed, or on an attachment with an approximation of the corporation of

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #

☐ Change

☐ Addition