2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINT

May 06, 2002 8:00 am § Secretary of State P0000023198 **DOCUMENT #** 1. Entity Name 05-06-2002 90186 044 ***150.00 VETMALL, INC. Principal Place of Business Mailing Address 12505 STARKEY ROAD 12505 STARKEY ROAD SUITE A SUITE A LARGO FL 33773 LARGO FL 33773 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 59-3654162 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 ESQUIVEL, JULIO C Street Address (P.O. Box Number is Not Acceptable) 101 E KENNEDY BLVD STE 2800 TAMPA FL 33602 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. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (9/01) ☐ Defete TITLE Change ☐ Addition LAGAMBA, WILLIAM L NAME NAME STREET ADDRESS 12505 STARKEY ROAD STE A STREET ADDRESS CITY-ST-ZIP LARGO FL 33773 CITY-ST-ZIP TITLE TD ☐ Delete TITLE Change ☐ Addition NAME PATRICK, RONALD J NAME STREET ADDRESS 12505 STARKEY ROAD STE A STREET ADDRESS CITY-ST-ZIP **LARGO FL 33773** CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME TANEJA, JUGAL K NAME STREET ADDRESS 12505 STARKEY ROAD STE A STREET ADDRESS CITY-ST-ZIP LARGO FL 33773 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED