


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90395 021 \*\*\*150.00

0497205 AV

<b>DOCUMENT #</b> P00000023198	
<b>1. Entity Name</b> VETMALL, INC.	

<b>Principal Place of Business</b> 12505 STARKEY ROAD SUITE A LARGO FL 33773	<b>Mailing Address</b> 12505 STARKEY ROAD SUITE A LARGO FL 33773
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<b>2. Principal Place of Business</b> 25400 US Hwy 19 N Suite, Apt. #, etc. SUITE 137 City & State Clearwater FL Zip 33763 Country Pinellas	<b>3. Mailing Address</b> 25400 US Hwy 19 N Suite, Apt. #, etc. SUITE 137 City & State Clearwater FL Zip 33763 Country Pinellas
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☐ CHECK HERE IF MAKING CHANGES

<b>4. FEI Number</b> 59-3654162	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> ESQUIVEL, JULIO C 101 E KENNEDY BLVD STE 2800 TAMPA FL 33602	
<b>7. Name and Address of New Registered Agent</b> 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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

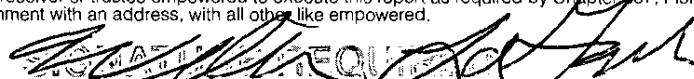
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD</b> LAGAMBA, WILLIAM L 12505 STARKEY ROAD STE A LARGO FL 33773 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 25400 US Hwy 19 N. Ste 137 Clearwater FL 33763
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> PATRICK, RONALD J 12505 STARKEY ROAD STE A LARGO FL 33773 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 25400 US Hwy 19 N., Ste B7 Clearwater FL 33763
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> TANEJA, JUGAL K 12505 STARKEY ROAD STE A LARGO FL 33773 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 25400 US Hwy 19 N., Ste 137 Clearwater FL 33763
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

 4/29/03 (727) 533-0431  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)