์ 2001 UNIFORM BUSINESS REPORT (UBR) Apr 23, 2001 8:00 am Secretary of State DOCUMENT # P0000027722 1. Entity Name PAWSITIVE PET SITTERS, INC. 04-23-2001 90099 048 ***150.00 Mailing Address Principal Place of Business 15420 GAUNTLET HALL MANOR 15420 GAUNTLET HALL MANOR **DAVIS FL 33331 DAVIS FL 33331** 2. Principal Place of Business 3. Mailing Address 15420 Gauntlet How Manor 5426 Gauntlet HAZI Manod DO NOT WRITE IN THIS SPACE 4. FEI Number 99155 6 Applied For City & State City & State Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7: Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KURLAND, JACQUELINE I Street Address (P.O. Box Number is Not Acceptable) 9853 PINES BLVD PEMBROKE PINES FL 33024 Zip Code City Fl 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE □ Delete TITLE NAME NAME DIEDRICK, HEATHER STREET ADDRESS STREET ADDRESS 15420 GAUNTLET HALL MANOR CITY-ST-ZIP CITY-ST-ZIP DAVIS FL 33331 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME DIEDRICK, GARY STREET ADDRESS STREET ADDRESS 15420 GAUNTLET HALL MANOR CITY-ST-ZIP CITY-ST-ZIP **DAVIS FL 33331** ☐ Addition Delete ---Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DAVIEL FILBBARN CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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 eath; that I am an officer or director of the corporation or the regiever 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 attaent with an address, with all other like empowered. HER Diedrick