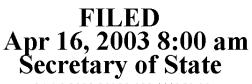
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)



DOCUMENT # P0000054303 1. Entity Name PET EMPORIUM, INC.					O4-16-2003 90183 038 ***150.00			
Principal Place of Business 3842 S 3RD ST JACKSONVILLE FL 32250 Mailing Address 3842 S 3RD ST JACKSONVILLE FL 32250 JACKSONVILLE FL 32250								
2. Principal P 4//6 Suite, Apt.	Place of Business 5. 3 cd 5 T #, etc.	3. Mailing Address 4///6 5. 3 Suite, Apt. #, etc.	116 5. 3rd st		CHECK HERE IF MAKING CHANGES			
JACKS	inville Black, fc	City & State JACKSON Ville	Beach &	<u></u>	4. FEI Number 59-3649810) , , -	plied For t Applicable	
Zip 3 2	250 Country ~~	Zip 32250-	Country		5. Certificate of Status Desired	-□ . \$8.75 Add Fee Required	litional d	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
CLULEY, DENNIS M 3842 S 3RD ST JACKSONVILLE FL 32250				Street Address (P.O. Box Number is Not Acceptable) City JAKSon sille Beach 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								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND E D CLULEY, DENNIS M 3842 S 3RD ST JACKSONVILLE FL 32250	Delete Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	CLU4 4/16	EY, DENNIS M S. 3rd St LSONVILL BEACH, H	₽ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		LSOMOULL DENVY VC	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1574 (1947 N 9)	□ Celete -	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	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:

CR2E034 (10/02)