

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 18, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000111989**1. Entity Name
AUSSIE PET MOBILE OF CENTRAL FLORIDA, INC.

Principal Place of Business 2746 HERONS LANDING DRIVE KISSIMMEE FL 34741	Mailing Address 2746 HERONS LANDING DRIVE KISSIMMEE FL 34741
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2. Principal Place of Business 1800 PEMBROOK DRIVE	3. Mailing Address 1800 PEMBROOK DRIVE
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Suite, Apt. #, etc. SUITE 300	Suite, Apt. #, etc. SUITE 300
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City & State ORLANDO FL	City & State ORLANDO FL
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Zip 32810	Country	Zip 32810	Country
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4. FEI Number 59-3684927	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**CORPORATION SERVICE COMPANY**
1201 HAYS STREET**TALLAHASSEE FL**
323012525 US**7. Name and Address of New Registered Agent**Name
INHOFFER VANESSA MVPStreet Address (P.O. Box Number is Not Acceptable)
2746 HERONS LANDING DRIVECity
KISSIMMEE FL Zip Code
34741

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 **VANESSA INHOFFER**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/18/2001

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE D	<input type="checkbox"/> Delete
NAME INHOFFER VANESSA M	
STREET ADDRESS 2746 HERONS LANDING DRIVE	
CITY-ST-ZIP KISSIMMEE FL 34741	

TITLE D	<input type="checkbox"/> Delete
NAME HAMMER DAVID B	
STREET ADDRESS 2746 HERONS LANDING DRIVE	
CITY-ST-ZIP KISSIMMEE FL 34741	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.

SIGNATURE: Vanessa M. Inhofer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP

04/18/2001

Date

Daytime Phone #

CR2E034 (11/00)