

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91218 033 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000072676 ✓
1. Entity Name: The ANIMAL MARKET Pet & SUPPLY CO.

666385

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
750 Northlake Blvd
Suite, Apt. #, etc.
LAKE PARK FL
City & State

3. Mailing Address
750 Northlake Blvd
Suite, Apt. #, etc.
LAKE PARK FL
City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1125600
Applied For: Not Applicable:

5. Certificate of Status Desired \$8.75 Additional Fee Required

Zip: 33408 Country: U.S. Zip: 33408 Country: U.S.

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: CAROLYN COWEN
Street Address (P.O. Box Number is Not Acceptable):
750 Northlake Blvd
LAKE PARK FL
City: _____ State: FL Zip Code: 33408

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

5-1-02

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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: PRESIDENT
NAME: GARRISE GRUBER
STREET ADDRESS: 8259 N. Military trail
CITY-ST-ZIP: FLORIDA 33410 PAUM BEACH GARDES

TITLE: SECRETARY
NAME: CAROLYN COWEN
STREET ADDRESS: 11159 NADTULCET BAY CT
CITY-ST-ZIP: wellington FL 33414

TITLE: TREASURER
NAME: CAROLYN COWEN
STREET ADDRESS: 11159 NADTULCET BAY CT
CITY-ST-ZIP: wellington FL 33414

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE

CAROLYN COWEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-02

Date

561-494-2878

Phone

CR2E034B (12/01)