2002 UNIFORM BUSINESS REPORT (UBR)

Feb 17, 2002 8:00 am Secretary of State DOCUMENT # P01000073182 1. Entity Name 02-17-2002 90032 025 ***150 00 TAEUBEL VETERINARY MANAGEMENT, INC. Principal Place of Business Mailing Address 14236 SQUIRREL RUN 14236 SQUIRREL RUN ORLANDO FL 32828 ORLANDO FL 32828 2. Pripcipal Place of Business Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number 3 City & State City & State Applied For 736141 Not Applicable Zip Country___ Country \$8.75 Additional 5.-Certificate of Status Desired ... Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TAEUBEL, ROBERT Street Address (P.O. Box Number is Not Acceptable) 14236 SQUIRREL RUN ORLANDO FL 32828 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE President Change ✓ Addition Robert Taeubel NAME 14236 Squirrel Run STREET ADDRESS STREET ADDRESS 32828 CITY-ST-ZIP CITY-ST-ZIP orlando, FL TITLE ☐ Delete Secretary 1 treasurer. TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-CITY_ST-ZIP_ TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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changed, or on an attachment with and SIGNATURE:

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 truster employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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