Daytime Phone #

Date

2002 UNIFORM	BUSINESS	REPORT	(UBR)
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DOCUMENT # P01000073183 1. Entity Name K9 SPECIALTIES, INC.				FILED 02 JUL -2 PM 3: 14					33 AV	
Principal Place of Business 5161 S.W. 21ST STREET PLANTATION FL 33317 Mailing Address 5161 S.W. 21ST STREET PLANTATION FL 33317						SECRETARY OF STATE FALLAHASSEE, FLORIDA				
2. Principal Place of Business 3. Ma		Mailing Address								
Outo, Apr. 4, oto.		Suite, Apt. #, etc. City & State		DO NOT WRITE IN THIS SPACE 4. FEI Number						
City & State Zip			Country	Country		Certificate of Status Desired		Not 8.75 Additee Required		
	A Little on at Commant De	wintered Agent	 		7. N	ame and Address of New R				
	6. Name and Address of Current Re	Misreien Affent		Name						
MULLALLY				Street Address	(P.O. B	ox Number is Not Acceptable	e)	···		
5161 S.W. 21ST STREET PLANTATION FL 33317			City FL Zip Code							
SIGNATURE	oration is eligible to satisfy its Intangible requirement and elects to do so.		Registered A	Agent signature require \$ \$150.00 rill be \$550.00	ed when re		DATE		0 May Be to Fees	
	ia on back) U OFFICERS AND D		12.			DITIONS/CHANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11	i _
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULLALLY, TIM 5161 S.W. 21ST STREET PLANTATION FL 33317	☐ Delete	TITLE	TADDRESS ST-ZIP		7000062 -07/05/ ****15	2305 70201	[∄\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	14 0.00	CR2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULLALLY, JOHN P 5161 S.W. 21ST STREET PLANTATION FL 33317	☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TEMPERATURE FOR THE STATE OF TH	☐ Delete	TITLE NAME STREE	T ADDRESS ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREE					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE CITY-	ET ADDRESS ST-ZIP	•			Change	☐ Addition	
13. Lhereby	certify that the information supplied with don this report or supplemental report is progration or the receiver or trustee emport, or on an attachment with an address, we have the control of the contro	this filing does not qualify fo true and accurate and that r wered to execute this report in all other like empowered	r the exen my signatu as requir	nption stated in ure shall have th ed by Chapter 6	Section le same 607, Flor	119.07(3)(i), Florida Statutes legal effect as if made under rida Statutes; and that my nar	. I further centroath; that I and appears in	ify that the in im an officer in Block 11 o	nformation or director r Block 12 if	

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Attachment Document# Polocoom3183



K-9 Specialties PO Box 120621 Ft. Lauderdale, FL. 33312 954-791-2717/954-316-2325

Divisions of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL. 32302-1500

To Whom It May Concern:,

I am writing this letter to inform you of my reasons for filing late. I was away during the month of April and the beginning of May because of the passing of my father. He had owned his own corporation at the time, and I needed to remain in Tennessee to settle his business matters. During this time, my fiancées grandfather passed away, and we were called away to Chicago to attend his funeral.

I appreciate any and all considerations in this matter. Enclosed is all of the necessary paperwork and payment for K-9 Specialties.

Thank You,

---Tim-Mullally.----President.
K-9 Specialties.

