

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90168 026 \*\*\*150.00

<b>DOCUMENT # P01000121586</b> 1. Entity Name <b>HYDE GROVE ANIMAL CARE CENTER, INC.</b>					
Principal Place of Business <b>6420 SAN JUAN AVENUE JACKSONVILLE, FL 32210</b>			Mailing Address <b>6420 SAN JUAN AVENUE JACKSONVILLE, FL 32210</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
5. Name and Address of Current Registered Agent  <b>MARSHALL, JOAN T 6420 SAN JUAN AVENUE JACKSONVILLE, FL 32210</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				4. FEI Number <b>80-000 2788</b>	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when withdrawing)</small>				Applied For <input type="checkbox"/> Not Applicable	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>				\$8.75 Additional Fee Required	
10. OFFICERS AND DIRECTORS					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
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: <u>Joan T Marshall</u> <b>JOAN T MARSHALL</b> 4/28/03 904 781-8038 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



☒ CHECK HERE IF MAKING CHANGES

CF2E034 (10/02)