2003 FOR PROFIT CORPORATION

STREET ADDRESS

CHY-ST-2P

CITY-ST-ZP

STREET ADDRESS

CITY-ST-ZP

TITLE

MINE STREET ADDRESS

TITLE

MAUE

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P01000121586 04-30-2003 90168 026 ***150.00 1. Entity Name HYDE GROVE ANIMAL CARE CENTER. INC. Principal Place of Business Mailing Address 6420 SAN JUAN AVENUE 6420 SAN JUAN AVENUE JACKSONVILLE, FL 32210 IACKSONVILLE, FL 32210 2. Principal Place of Business. 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. M CHECK HERE IF MAKING CHANGES 4. FEI Number 80 - 000 2788 Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARSHALL, JOAN T 6420 SAN JUAN AVENUE Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE, FL 32210 7in Code 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 Fiorida. I am familiar with, and accept the obligations of registered agent. Signature, typed or primed name of registered agent and title if applicable (NOTE: Registered Agent signature required when edirabiling) FILE NOWR: FEE IS (150,00). After May 1, 2003 Fee will be ASSO 00 Make Check Payable to Floride Department of State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. \Box Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Change ☐ Addition CRZE034 (10/02) MALAF MARSHALL, JOAN T NAME 6420 SAN JUAN AVENUE STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 32210 CITY-S7-2P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition KAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-7P COY-ST-71P TITLE ☐ Delete 1016 ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2P CITY-ST-2IP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-2IP

TITLE

TITLE

MALAC

Delete

Delete

JOANT MARSHALL 4/28/03 904781-8038 SIGNATURE:

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

☐ Change

☐ Change

Addition

Addition