FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

AMENDED FILED

03 AUG 20 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000032764

1. Entity Name

ANN'S PETS, INC.

DO NOT WRITE IN THIS SPACE

800022516648
08/25/03--01007--017 **61.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6444 SEABREEZE AVENUE	6444 SEABREEZE AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WEEKI WACHEE, FL	City & State: WEEKI WACHEE, FL
Zip: 34607 Country:	Zip: 34607 Country:

4. FEI Number: 04-3644471 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: MEISTER, ANN M.

Street Address (P.O. Box Number is Not Acceptable): 6444 SEABREEZE AVENUE

City: WEEKI WACHEE FL Zip Code: 34607

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.

SIGNATURE: X Ann M. Meister 08/07/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Annual Report Fee is $150.00
Certified Copy Fee is $8.75
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D/P/S/T
NAME	MEISTER, ANN M.
STREET ADDRESS	6444 SEABREEZE AVENUE
CITY-ST-ZIP	WEEKI WACHEE, FL 34607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X Ann M. Meister ANN M. MEISTER 08/07/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JP 8/20