2003 FOR PROFIT CORPORATION

FILED Mar 21, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P02000049209 1. Entity Name 03-21-2003 90087 039 ***150.00 DESIGNER DOGS BY VANESSA, INC. Principal Place of Business Mailing Address 13723 N DALE MABRY HWY 13723 N DALE MABRY HWY **TAMPA FL 33618** TAMPA FL 33618 2. Principal Place of Business 3. Mailing Address Clendenning 2613 Suite, Apt. #, etc. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 01-068 4466 Not Applicable Zip Country Country OSA \$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 KARNIG, KENNETH J Street Address (P.O. Box Number is Not Acceptable) 12613 CLENDENNING DR TAMPA FL 33624 City Zip 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 Florida. I am familiar with, and accept the obligations of registered agen 3/17/03 SIGNATURE and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 . After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition KARNIG, VANESSA L NAME NAME 1801 PEREGRINO PERCH #311 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LUTZ FL 33558 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME KARNIG, HAZEL C NAME 12613 CLENDENNING DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL 33624 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME KARNIG, KENNETH J STREET ADDRESS 12613 CLENDENNING DR STREET ADDRESS CITY-ST-ZIP TAMPA FL 33624 CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS

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

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