

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

FILED
May 21, 2008 8:00 am
Secretary of State

05-21-2008 90018 040 ***150.00

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|--------------------------------|--|
| DOCUMENT # P05000141891 | |
| 1. Entity Name | |
| CARYS PET SHOP INC | |

DO NOT WRITE IN THIS SPACE

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|--|----------------|---------------------------|----------------|
| 2. Principal Place of Business 2016 S US HWY 1 | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State VERO BEACH, FL | | City & State | |
| Zip 32962 | Country | Zip | Country |

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 20-3656433 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

50005561

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IN THIS SPACE**

| | |
|--|------------------------------------|
| 7. Name and Address of Current Registered Agent | |
| Name HUGO MARTELL | |
| Street Address (P.O. Box Number is Not Acceptable) 2016 S US HWY 1 | |
| City VERO BEACH | FL Zip Code 33962 |

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 *  **HUGO MARTELL** **1/28/2008**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HUGO MARTELL 2016 S US HWY 1 VERO BEACH, FL 32962 |
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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: *  **1/28/2008** **(772) 979-1626**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**