

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

Amended

DOCUMENT # P92000014583

1. Entity Name

ANIMALMANIA, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY -7 AM 8:10

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3223 DAVIE BLVD.

Suite, Apt. #, etc.

3. Mailing Address

3223 DAVIE BLVD.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

4. FEI Number

65-0378274

Applied For

Not Applicable

Zip

33312

Country

USA

Zip

33312

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name MICHAEL PATA

Street Address (P.O. Box Number is Not Acceptable)

3223 DAVIE BLVD.

City

FT. LAUDERDALE

FL

Zip Code

33312

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

MICHAEL PATA

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/11/03

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MICHAEL PATA
STREET ADDRESS 3223 DAVIE BLVD.
CITY-ST-ZIP FT. LAUDERDALE, FL 33312

TITLE VP
NAME RICHARD ALLENSWORTH
STREET ADDRESS 3223 DAVIE BLVD.
CITY-ST-ZIP FT. LAUDERDALE, FL 33312

TITLE D
NAME DOUGLAS SPENCER
STREET ADDRESS 3223 DAVIE BLVD.
CITY-ST-ZIP FT. LAUDERDALE, FL 33312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

800019194818
05/16/03--01080--002 **61.25

**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 information provided.

SIGNATURE:

MICHAEL PATA

Signature typed or printed name of signing officer or director

Date

3/11/03

954-792-6362

Daytime Phone #

CR2E034B (12/02)