2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

6/1

APPROVED AND FILED

03 SEP -2 AM 53050559

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000070355

1. Entity Name
VENICE PET CENTER, INC.

Principal Place of Business	Mailing Address
1846 S. TAMIAMI TRAIL	1846 S. TAMIAMI TRAIL
UNIT 6	UNIT 6
VENICE FL 34293	VENICE FL 34293

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0445225 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HEATH, ALAN N	Name
1846 S. TAMIAMI TRAIL	Street Address (P.O. Box Number is Not Acceptable)
UNIT 6	
VENICE FL 34293	City FL 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 agent.

SIGNATURE ____________________ DATE
Signature, typed or printed name of registered agent 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
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	NAME	STREET ADDRESS	CITY-ST-ZIP	
P	HEATH, ALAN	1846 S. TAMIAMI TRAIL #6	VENICE FL	☐ Delete
VPTS	HEATH, MELINDA	1846 S. TAMIAMI TRAIL #6	VENICE FL	☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
500022703745 09/02/03--01075--005 **400.00	☐ Change ☐ Addition
06/12/03 90012 012 $150.00	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

CR2E034 (10/02)

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

SIGNATURE: Melinda F. Heath 05-26-03 941-497-2566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — MELINDA HEATH — Daytime Phone #