

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**  
 03-05-2001 90073 026 \*\*\*150.00

0006003

**DOCUMENT # P93000071563**

1. Entity Name  
**INTERNATIONAL VETS, INC.**

Principal Place of Business <b>C/O SANDY &amp; STRADER          29 OLD KINGS RD. N. STE.1B AQUA COMPLEX          PALM COAST FL 32137</b>	Mailing Address <b>C/O SANDY &amp; STRADER          29 OLD KINGS RD. N. STE.1B AQUA COMPLEX          PALM COAST FL 32137</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>25 Westmayer Place</b>	3. Mailing Address <b>25 Westmayer Place</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Flagler Beach, Fl.</b>	City & State <b>Flagler Beach, Fl.</b>
Zip <b>32136</b>	Country <b>USA</b>

4. FEI Number <b>59-3214853</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**GUNTHARP, PAUL M  
 185 CYPRESS POINT PKWY STE 6  
 SUITE B  
 PALM COAST FL 32137**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CAMERON, CHARLES M JR.</b> <b>UNIT 64932</b> <b>APO AE 09839-4932</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CAMERON, G. FAYE</b> <b>UNIT 64932</b> <b>APO AE 09839-4932</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>CHARLES M. CAMERON JR.</b> <b>25 Westmayer Place</b> <b>Flagler Beach, Fl. 32136</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC./TREASURER</b> <b>G. Faye CAMERON</b> <b>25 Westmayer Place</b> <b>Flagler Beach, Fl. 32136</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles M. Cameron Jr. President 28 Feb 2001 904-439-2919  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)