2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 05, 2001 8:00 am DOCUMENT # P93000071563 **Secretary of State** INTERNATIONAL VETS, INC. 03-05-2001 90073 026 ***150.00 Principal Place of Business Mailing Address C/O SANDY & STRADER C/O SANDY & STRADER 29 OLD KINGS RD. N. STE.1B AQUA COMPLEX 29 OLD KINGS RD. N. STE.1B AQUA COMPLEX PALM COAST FL 32137 PALM COAST FL 32137 2. Principal Place of Business 3. Mailing Address 25 WESTMI 25 WESTMANER PLACE DO NOT WRITE IN THIS SPACE Applied For 4, FEI Number 59-3214853 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П 32136 32136 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GUNTHARP, PAUL M Street Address (P.O. Box Number is Not Acceptable) 185 CYPRESS POINT PKWY STE 6 SUITE B PALM COAST FL 32137 City Zìp 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 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Delete TITLE CAMERON, CHARLES M JR. NAME NAME **UNIT 64932** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP APO AE 09839-4932 CITY-ST-ZIP ☐ Addition TITLE 💹 Delete TITLE CAMERON, G. FAYE NAME NAME UNIT 64932 STREET ADDRESS STREET ADDRESS APO AE 09839-4932 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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

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