2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P94000057056 DOCUMENT

1. Entity Name

EIRST COAST PET SHIPPLY INC



FILED Apr 16, 2003 8:00 am Secretary of State

04-16-2003 90148 009 ***150.00

AST PET SUPPLY, INC.										
Principal Place of Business 4549-22 ST. AUGUSTINE RD. JACKSONVILLE FL 32207 Mailing Address 4549-22 ST. AUGUSTINE RD. JACKSONVILLE FL 32207					· •	. <u>-</u> .		600	1879	92
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lace of Business	3. Mailing Address									
#, etc.	Suite, Apt. #, etc.		<u>.,</u>			☐ CHECK H	HERE IF M	AKING C	HANGES	i
City & State City & Sta		& State			4. FEI Number 59-3257958				pplied For ot Applicable	
Country	Zip	ip Country							B.75 Ad	ditional
6. Name and Address of Current	Registered Agent				7. Name and	Address of N	New Regis	tered Ag	ent 7°	
I MANTO F			Name							
•			Street Add	dress (P.0	D. Box Numb	er is Not Accep	ptable)			
1602			City			* •		FI	Zip Coc	de '
named entity submits this statement for	r the nurnose of changing	its register	ed office or re	edistered	Lagent or bo	th, in the State	of Florida		niliar with	and accept
ions of registered agent.	ind perpesse of bridinging	, no regretore	00 011100 01 10	9.000.00	. agom, or so	an, an are elected	or riorisa.	, am		and docopt
Signature, typed or printed name of registered agent a	and title if applicable. (I	NOTE: Registerer	ed Agent signature	required wh	nen reinstating)			DATE		
										
LE NOW!!! FEE IS \$150.00					9. El	ection Campai	gn Financii	ng	\$5.0	O May Be
May 1, 2003 Fee will be \$550.00	State					ection Campai ust Fund Contr		ng 🗆		00 May Be d to Fees
•		11.			Tri	ust Fund Contr	ibution.		Adde	d to Fees
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	UGUSTINE RD. E FL 32207 lace of Business #, etc. e Country 6. Name and Address of Current I, JAMES E T. AUGUSTINE RD. VILLE FL 32207 named entity submits this statement for lons of registered agent.	UGUSTINE RD. # 549-22 ST. AUGUSTINE FL 32: JACKSONVILLE FL 32: 3. Mailing Address #, etc. Suite, Apt. #, etc. City & State Country Zip 6. Name and Address of Current Registered Agent A, JAMES E T. AUGUSTINE RD. VILLE FL 32:207	UGUSTINE RD. E FL 32207 JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 3. Mailing Address #, etc. Suite, Apt. #, etc. City & State Country Zip Cour 6. Name and Address of Current Registered Agent JAMES E T. AUGUSTINE RD. VILLE FL 32207 named entity submits this statement for the purpose of changing its register ions of registered agent.	UGUSTINE RD. E FL 32207 JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 3. Mailing Address #, etc. City & State Country City & State Name Name Name Name Name Street Add City Name City Name City Name Name Name Street Address City Name Street Address City Name Name Name Name Street Address Street Address Name Street Address Name Street Address Name Street Address Street Address Name Street Address Name Street Address Name Street Address Street Address Street Address Street Address	UGUSTINE RD. 4549-22 ST. AUGUSTINE RD. JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 Suite, Apt. #, etc. City & State Country Country A. JAMES E T. AUGUSTINE RD. VILLE FL 32207 City named entity submits this statement for the purpose of changing its registered office or registered one of registered agent.	UGUSTINE RD. 4549-22 ST. AUGUSTINE RD. JACKSONVILLE FL 32207 Jack	UGUSTINE RD. 4549-22 ST. AUGUSTINE RD. JACKSONVILLE FL 32207 Suite, Apt. #, etc.	UGUSTINE RD. # 54549-22 ST. AUGUSTINE RD. JACKSONVILLE FL 32207 CHECK HERE IF M CHECK HERE IF M JACKSONVILLE FL 32207 Country	UGUSTINE RD. E FL 32207 JACKSONVILLE FL 32207 Suite, Apt. #, etc.	A Superior of Business 3. Mailing Address #, etc. Suite, Apt. #, etc. City & State Country Zip Country Zip Country 5. Certificate of Status Desired Fee Require 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) T. AUGUSTINE RD. VILLE FL 32207 City City

12. I hereby certify that the information supplied with this filling 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: