## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all oth

SIGNATURE

## **FILED** DOCUMENT # **P94000086363** Apr 22, 2000 8:00 am Secretary of State 1. Entity Name A-1 PETS, INC. 04-22-2000 90082 011 \*\*\*150.00 Principal Place of Business Mailing Address 1421 EXOTIC AVENUE 11190 SPRING HILL DR SPRINGHILL FL 34609 SPRING HILL FL 34609-4916 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3284500 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required ... 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROTHENBERG, THOMAS C Street Address (P.O. Box Number is Not Acceptable) 1421 EXOTIC AVENUE SPRING HILL FL 34609 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PSTD** ☐ Change ☐ Addition ☐ Delete TITLE TITLE ROTHENBERG, THOMAS C NAME STREET ADDRESS 1421 EXOTIC AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL 34609 Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP -- -- Addition TITLE · 🖾 Defete – TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 1 2 1 8 3 1 2 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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