2002 UNIFORM BUSINESS REPORT (UBR)

May 23, 2002 8:00 am § Secretary of State P96000010098 DOCUMENT # 1. Entity Name 05-23-2002 90061 026 ***150.00 PETMED EXPRESS, INC. Principal Place of Business Mailing Address 1441 SW 29TH AVE 1441 SW 29TH AVE POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE. City & State City & State 4. FEI Number Applied For 65-0680967 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PULEO, MARC A Street Address (P.O. Box Number is Not Acceptable) 1441 SW 29TH AVE POMPANO BEACH FL 33069 City 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, 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE CF₀ ☐ Delete CR2E034 (9/01) TITLE Change ☐ Addition PULEO, MARC NAME Puleo, Marc NAME 1441 SW 29th AUE 1441 SW 29TH AVE STREET ADDRESS STREET ADDRESS POMPANO BEACH, FL 33069 CITY-ST-ZIP CITY-ST-ZIP Pompano Beach, fl PC00 Delete TITLE TITLE Change Addition NAME LLOYD, CHRISTOPHER merido NAME STREET ADDRESS 1441 SW 29TH AVE 1441 SW STREET ADDRESS CITY-ST-7IP POMPANO BEACH FL 33069 CITY-ST-ZIP Pompano TITLE CFOT Delete TITLE (fot Change Addition NAME VERMAATER, JOHN NAME STREET ADDRESS 1441 SW 29TH AVE STREET ADDRESS 29+ CITY-ST-ZIP POMPANO BEACH FL 33069 CITY-ST-ZIP 3306 7 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 of the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

FILED