2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 11, 2001 8:00 am Secretary of State DOCUMENT # P96000047074 1. Entity Name THE PUPPY STOP, INC. 04-11-2001 90019 005 ***150.00 Principal Place of Business Mailing Address 10260 W SAMPLE ROAD 10944 NW 20 DRIVE CORAL SPRINGS FL 33071 CORAL SPRINGS FL:33065 3. Mailing Address 10260 W. Sample Rd Suite, Apt. #, etc. 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State CORAL SPKINGS, Fla Zip Country U.S. City & State 4. FEI Number Applied For 65-0675052 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required - - 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LINDA STEINBERG STEINBERG, ALLAN Street Address (P.O. Box Number is Not Acceptable) 10944 NW 20 DRIVE CORAL SPRINGS FL 33071 CORAL SPRINGS 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. (LINDA STETNBERG) D. 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, 2001 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. ALLAN STEINBERG Change Addition 10260 W. Sample Rd. CORAL SPRINGS, pla. 33065 LINDA STEINBERG Change Addition 10260 W. Sample Rd. 11. Delete TITLE TITLE STEINBERG, ALLAN NAME NAME STREET ADDRESS STREET ADDRESS 10944 NW 20 DRIVE CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL 33071** D Delete TITLE STEINBERG, LINDA NAME NAME STREET ADDRESS 10944 NW 20 DRIVE STREET ADDRESS CORAL SPRINGS, F/A 33065 CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL 33071** " Delete" TITLE ----TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE 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 with an address, with all spring like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR