

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90282 008 ***150.00

DOCUMENT # P97000039702

1. Entity Name
PET M.E., INC.

Principal Place of Business
**295 TOWNE CENTER CIRCLE
 SANFORD FL 32771**

Mailing Address
**829 WOODGATE TRAIL
 LONGWOOD FL 32750**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
2853 TURNBULL ESTATES DE

DO NOT WRITE IN THIS SPACE

City & State

City & State
NEW SMYRNA BCH FL.

4. FEI Number **59-3454184**

Applied For
 Not Applicable

Zip

Country

Zip
32168

Country
U.S.A

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GROVE, KAREN L
 829 WOODGATE TRAIL
 LONGWOOD FL 32750**

Name
GROVE, KAREN L

Street Address (P.O. Box Number is Not Acceptable)
2853 TURNBULL ESTATES DRIVE

NEW SMYRNA BCH

City

FL

Zip Code
32168

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 Karen L Grove Director Karen L. Grove 5/1/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D	GROVE, KAREN L 829 WOODGATE TRAIL LONGWOOD FL 32750	D	GROVE, KAREN L 2853 TURNBULL ESTATES DRIVE NEW SMYRNA BCH FL. 32168
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 other like empowered.

SIGNATURE: Karen L Grove
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/01/02
Date

386 428-1248
Daytime Phone #

CR2E034 (9/01)