

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91325 027 \*\*\*150.00

DOCUMENT # P97000070272

1. Entity Name  
Animal Appeal, Inc

**DO NOT WRITE IN THIS SPACE**

000013

2. Principal Place of Business  
5709 HAPPY TAILS LANE  
Suite, Apt. #, etc.

3. Mailing Address  
5709 HAPPY TAILS LANE  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
LUTZ FLA

City & State  
LUTZ FLA

4. FEI Number  
59-2734222

Applied For  
 Not Applicable

Zip  
33558

Country

Zip  
33558

Country

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
YVONNE E. SMITH

Street Address (P.O. Box Number is Not Acceptable)

5709 HAPPY TAILS LANE

City  
LUTZ FL

Zip Code  
33558

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 Yvonne E Smith YVONNE E SMITH 4-30-02

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)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Pres.</u> <u>YVONNE E SMITH.</u> <u>5709 HAPPY TAILS LANE</u> <u>LUTZ, FL 33509</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Yvonne E Smith YVONNE E SMITH 4-30-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)