2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 07, 2001 8:00 am Secretary of State DOCUMENT # P98000004840 PEGS EXOTIC PETS, INC. 02-07-2001 90185 048 ***150.00 Principal Place of Business Mailing Address 27525 S.R. 54 W. 27525 S.R. 54 W. WESLEY CHAPEL FL 33543 WESLEY CHAPEL FL 33543 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3487846 Not Applicable Zip Country Zip Country \$8.75 Additional 5.º Certificate of Status Desired П Fee Required _ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VINSON, PEGI Street Address (P.O. Box Number is Not Acceptable) 27525 S.R. 54 W. **WESLEY CHAPEL FL 33543** 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 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE Change ☐ Addition VINSON, PEGI NAME NAME 7320 POP DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WESLEY CHAPEL FL 33544 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition VINSON, JOE NAME NAME STREET ADDRESS 8529 KENTON ROAD STREET ADDRESS CITY-ST-ZIP WESTLEY CHAPEL FL 33544 CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete GILLEY, EDWARD JR NAME NAME STREET ADDRESS 7320 POP DRIVE STREET ADDRESS CITY-ST-ZIP **WESLEY CHAPEL FL 33544** CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete NAME WINSON, GLORY NAME STREET ADDRESS 8529 KENTON ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **WESLEY CHAPEL FL 33544** TITLE Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

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

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 other like empowered.