2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000009415 May 13, 2000 8:00 am Secretary of State 1. Entity Name ANIMALS 'N NATURE, INC. 05-13-2000 90005 042 ***150.00 Mailing Address Principal Place of Business ONE POMPANO SO. ONE POMPANO SO. POMPANO BEACH FL 33062-1082 POMPANO BEACH FL 33062 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0808984 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 7. Name and Address of Current Registered Agent Name FLOTHE, JAMES Street Address (P.O. Box Number is Not Acceptable) 774 NW 42ND PL. POMPANO BEACH FL 33064 Zip Code City 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. DATE (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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, 2000 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. 11. Change ☐ Addition ☐ Delete TITLE TITLE NAME ERVIN, ERIN NAME STREET ADDRESS STREET ADDRESS 10236 SERENE MEADOW DR. NORTH CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL 33628** ☐ Change Addition ☐ Delete TITLE TITLE NAME FLOTHE, JAMES STREET ADDRESS STREET ADDRESS 774 NW 42ND PL. CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33064 ☐ Change ☐ Addition Delete TITLE FLOTHE, NICOLE NAME NAME STREET ADDRESS STREET ADDRESS 774 NW 42ND PL. CITY-ST-7IP CITY-ST-ZIP POMPANO BEACH FL 33064 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME ERVIN, KERRI STREET ADDRESS STREET ADDRESS 10236 SERENE MEADOW DR. NORTH CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33628** ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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 other like empowered.

SIGNATURE: JOM

s M. Flothe 4

4/17/00

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