2000 UNIFORM BUSINESS REPORT (UBR)

Incide Prince of Business    Amount   Address   Amount   Address   Amount	DOCUMENT # P98000059631  1. Entity Name				FILED Aug 04, 2000 8:00 at Secretary of State		
PROCESS PROC 1 2825  Proceins Place of Business  4. SPLAKE LETTA CLY.  SUR, Apt. # 6.  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  S. Certificate of Status Desting  FR Register Agent  Name and Address of New Registered Agent  Name Catholic Management of States and Address of New Registered Agent  LIGGATT, SUSANNE  2100 BRENTLEY PLACE  ORLANDO FL 28255  City & State  ORLANDO FL 28255  City & State  City & State  City & State  Storp, Address, Place  City & State  Country  Storp, Address, Place  Storp, Address, Place  City & State  City & City & State	PETSFIRST PET SITTING SERVICE, II	NC.	K				
Principal Place of Business 4-59 Lenker Letty C.y. Soles, Act. 4-86. Soles, Act. 4-8	rincipal Place of Business	Mailing Address					
Sille, Apt. 4 etc.  Sille,			13				
Sille, Apt. 4 etc.  Sille,	District District Of District	La Mailing Addrona	· · · · · · · · · · · · · · · · · · ·				
Name and Address of Current Registered Agent   S. Certificate of Status Design   S. Schallenter   S. Certificate of Status Design   S. Schallenter   S. Certificate of Status Design   S. Schallenter   S. Schal	459 LAKE LOTTA CIV.	LAKE Lotto Cir. SAME O					
Country   So. Country   So. Country   So. Certificate of Status Desired   Sa. Rest Required   Sa. Name and Address of New Registered Agent   So. Certificate of Status Desired   Sa. Name and Address of New Registered Agent   So. Certificate of Status Desired   Sa. Name and Address of New Registered Agent   So. Certificate of Status Desired   So. Certificate   So. Certificate of Status Desired   So. Certificate   So. Certi		City & State	=	4.	FEI Number <b>59-3520694</b>	<u> </u>	
LIGGATT, SUSANNE 2100 BRENTLEY PLACE ORLANDO FL 32835  City Gottor	Zip Country	<u> </u>	Country			Fee Require	
LIGGATT, SUSANNE 2100 BREMITEY PLACE ORLANDO FL 32835  City Gothan  Ci	8. Name and Address of Current I	Registered Agent	No Nome	7.	Name and Address of New Regi	stered Agent	
The above named entity submits this statement for the purpose of changing its registated office or registered agent, or both, in the State of Florida.    City Gother	2100 BRENTLEY PLACE		'		Box Number is Not Acceptable)		;
The above raffed entity submits mill statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.	ORLANDO FL 32835		City	-(1)		F1 7960	324
SNATURE Signature, typed or prises name of registeria a globalis to it is it applicable.  This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so	······································			Othe			\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>
Tax filing requirement and elects to do so.    After MAY 1, 2000 Fee will be \$550.00     Make Check Payable to Department of State   NO	SNATURE Calling Themes	President (	therine (	) Iveenli	et 7/	7/00 DATE	
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-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP Live the companies stated in Section 110 07/3/G. Elevide Statute Livether certify that the information		☐ Detete	" NAME -	•••		☐ Change	☐ Addition
. 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 adjurate 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 truetae 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 attackment with an address, with all other like empowered.	EET ADDRESS Y-ST-ZIP		CITY-ST-ZIP				
	<ul> <li>I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receipter or trustee empo- changed, or on an attachment with an address, w</li> </ul>	this filing does not qualify for true and adjourate and that r wered to execute this report with all other like empowered.	r the exemption stat ny signature shall h as required by Cha	ed in Section ave the same pter 607, Fio	n 119.07(3)(i), Florida Statutes. I fur a legal effect as if made under oath rida Statutes; and that my name ap	ther certify that the in that I am an officer pears in Block 11 or	or director Block 12 if