## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## FILED Jan 27, 2003 8:00 am Secretary of State P99000046101 DOCUMENT # 01-27-2003 90201 009 \*\*\*158.75 1. Entity Name SUN STATE SPECIALTY K-9'S, INC. Principal Place of Business Mailing Address 30010838 434 NORTH RIDGEWOOD AVE. 434 NORTH RIDGEWOOD AVE. DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114 3. Mailing Address 2. Principal Place of Business 2450 Jerry 1500 Bevil M CHECK HERE IF MAKING CHANGES # BACK 606 City & State 4. FEI Number Applied For 59-3587851 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name NOLIN, HENRI R Street Address (P.O. Box Number is Not Acceptable) -434 NORTH TRIDGEWOOD AVE. -DAYTONA BEACH FL 32114 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. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, OFFICERS AND DIRECTORS 11. TITLE TITLE Addition ☐ Delete NAME NAME NOLIN, HENRI R 2450 Jerry Cir STREET ADDRESS 434 N RIDGEWOOD AVE STREET ADDRESS Part Orange, FL 32128 CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32114 TITLE Delete TITLE NAME NAME NOLIN, JEAN M 2450 Jerry Cir 32/28 STREET ADDRESS 434 N RIDGEWOOD AVE STREET ADDRESS. CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32114 ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE

12. 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 10 or Block 11 if changed, or on an attachment with an addré

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

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