

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

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90201 009 ***158.75

DOCUMENT # P99000046101

1. Entity Name
SUN STATE SPECIALTY K-9'S, INC.



Principal Place of Business
434 NORTH RIDGEWOOD AVE.
DAYTONA BEACH FL 32114

Mailing Address
434 NORTH RIDGEWOOD AVE.
DAYTONA BEACH FL 32114

90010896



2. Principal Place of Business
2450 Jerry Circle
Suite, Apt. #, etc.
BACK

3. Mailing Address
1500 Beville Rd
Suite, Apt. #, etc. PmB
Ste 606/313

CHECK HERE IF MAKING CHANGES

City & State
Port Orange FL
Zip
32128
Country
USA

City & State
Daytona Bch FL
Zip
32114
Country
USA

4. FEI Number 59-3587851
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NOLIN, HENRI R
~~434 NORTH RIDGEWOOD AVE.~~
~~DAYTONA BEACH FL 32114~~

Name
Street Address (P.O. Box Number is Not Acceptable)
1500 Beville Rd
PmB
Ste 606/313
City DAYTONA Bch FL Zip Code 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.

SIGNATURE Henri R. Nolin
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 1/13/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	NOLIN, HENRI R	
STREET ADDRESS	434 N RIDGEWOOD AVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	V	<input type="checkbox"/> Delete
NAME	NOLIN, JEAN M	
STREET ADDRESS	434 N RIDGEWOOD AVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2450 Jerry Cir	
CITY-ST-ZIP	Port Orange, FL 32128	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2450 Jerry Cir	
CITY-ST-ZIP	Port Orange, FL 32128	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Henri R Nolin 1/13/03 (386) 257-3275
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)