

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000063081

1. Entity Name  
PET BY NET, INC.

Principal Place of Business  
3910 NW 49TH STREET  
TAMARAC FL 33309

Mailing Address  
3910 NW 49TH STREET  
TAMARAC FL 33309

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number  
65-0962494      Applied For  
Not Applicable

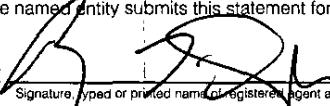
5. Certificate of Status Desired       \$8.75 Additional  
Fee Required

#### 6. Name and Address of Current Registered Agent

SANTUCCI, MICHAEL L ESCO  
NATIONS BANK BUILDING  
4901 N. FEDERAL HWY. SUITE 440  
FT. LAUDERDALE FL 33308

7. Name and Address of New Registered Agent  
Name      Legal Information Services, Inc.  
Street Address (P.O. Box Number is Not Acceptable)  
1250 Weston Rd. Suite 300  
Weston, FL  
City      FL Zip Code      33326

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  Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE  
7/18/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back)     

FILE NOW!!! FEE IS \$550.00  
After September 12, 2001 Fee will be \$750.00  
Make Check Payable to Department of State

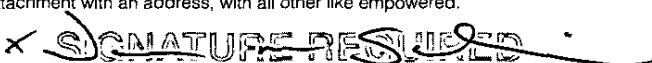
10. Election Campaign Financing  
Trust Fund Contribution       \$5.00 May Be  
Added to Fees

#### 11. OFFICERS AND DIRECTORS

#### 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D SCHWINN, JAMES M 3910 NW 49TH STREET TAMARAC FL 33309	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP BUCKEY, DANIEL 3910 NW 49TH STREET TAMARAC FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SCHARMER, MICHELLE 3910 NW 49TH STREET TAMARAC FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BUCKEY, MARIANN F 3910 NW 49TH STREET TAMARAC FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHWINN, CYNTHIA M 3910 NW 49TH STREET TAMARAC FL 33309	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/01

Daytime Phone #

8/12/2000  
AV

CR2E034 (5/01)