FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 02, 2002 8:00 am Secretary of State P99000083808 DOCUMENT # 1. Entity Name 05-02-2002 90070 039 ***150.00 JEFFREY A. MUNSHAUR'S CLASSIC DOGWORKS, INC. Mailing Address Principal Place of Business 7339 SW START CENTER STREET 7339 SW START CENTER STREET ARCADIA FL 34269 ARCADIA FL 34269 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 35-2049155 Not Applicable \$8.75 Additional Zip Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MUNSHAUR, JEFFREY A Street Address (P.O. Box Number is Not Acceptable) 7339 SW START CENTER STREET ARCADIA FL 34269 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. SIGNATURE (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 \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Tax filing requirement and elects to do so. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (9/01)☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME MUNSHAUR, JEFFREY A NAME STREET ADDRESS 7339 SW START CENTER STREET STREET ADDRESS CITY-ST-ZIP ARCADIA FL 34269 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change

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.

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Miche Required AND TYPED OR PRINTED NAME OF SIG

Delete

020417 8638849685

From: Jeffrey A. Munshaur's Classic Dogworks, Inc.

Subject: UBR

1. I have completed your on-line form twice in the last week. For some reason, it won't take my

2. I left the credit card number on site for over an hour with no success.

3. I called your office and was told to mail the form and a check.

4. My concern is being late. I doubt that it will post late, but is there any way to get a confirmation of payment online or in the mail. My e-mail is dogworks@cyberstreet.com

5. I have found the process on-line simple but frustrating that it couldn't be completed. You might look into this or advise if the problem is on my end.

Respectfully,

A. Munshaur

PLASE PLASE TO MY ON-LINE APOROGIES FOR UNNECESSARY OUPLICATION.