2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000094144**

1. Entity Name
PET HEALTH INSURANCE PROVIDERS, INC.   *ρ*

Principal Place of Business	Mailing Address
~~425 TIMBERWALK CT., #1134~~	PO BOX 970
~~PONTE VEDRA FL 32082~~	PONTE VEDRA FL 32004

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2118 Softwind Trail	
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number	Applied For
Jacksonville, FL		59-3613460	Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
32224	USA				

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PETTIGREW, J. LOU 425 TIMBERWALK CT., #1134 PONTE VEDRA FL 32004	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

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 13, 2000 Min. 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 **DPST** NAME Pettigrew, J. Lou STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2118 Softwinds Trail Jacksonville, FL 32224	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 Pettigrew_   7/17/00   904 220-5597
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

July 17, 2000

Division of Corporations
Annual Reports Filing
Post Office Box 6327
Tallahassee, FL 32314

Re: Profit Corporation Annual Report
Document P99000094144 – Pet Health Insurance Providers, Inc.

Dear Sir/Madam,

Please see the attached Annual Report for our client listed above. We are requesting a waiver of the late fee and ask that you accept the enclosed annual report with their full payment of $150.00.

Mr. Pettigrew, President of the above Corporation, did not receive his first report for the current registration period. He brought this to our attention as soon as he realized this and as we were preparing the UBR Report for him, he received his second notice. He has always been very conscientious about forwarding all of his government paperwork to us and paying all yearly fees timely.

Thank you for your help with this matter. Please contact me if you have any questions/concerns regarding this matter.

Sincerely,

Beverlee A. Flowers, EA

Enclosure: Check #0721
          2000 UBR