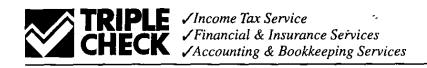
2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000094144 Jul 20, 2000 8:00 am Secrétary of State PET HEALTH INSURANCE PROVIDERS, INC. 07-20-2000 90025 022 ***150.00 Mailing Address Principal Place of Business 425 TIMBERWALK CT. #1134 PO BOX 970 PONTE VEDRA FL 32004 PONTE-VEDRA FL-32082 2. Principal Place of Business 3. Mailing Address 2118 Softwind Trail Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State Jacksonville, FL 🥸 59-3613460 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 32224 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PETTIGREW, J. LOU Street Address (P.O. Box Number is Not Acceptable) 425 TIMBERWALK CT., #1134 PONTE VEDRA FL 32004 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITLE TITLE DPST NAME Pettigrew, J. Lou 2118 Softwinds Trail STREET ADDRESS STREET ADDRESS Jacksonville, FL 32224 CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE 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-7IP CITY-ST-7IP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Detete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

SIAN SUPERING OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

7/17/00 904 270-5597



HHACHMENT DHPG UWW94/UG20 Osceola Avenue DW7325 Jacksonville Beach, FL 32250 Phone 904/241-2533

Fax: 904/241-1604 www.triplechecktax.com

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