2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Sep 15, 2000 8:00 am Secretary of State DOCUMENT # P99000098184 1. Entity Name LITTLE PAW PRINTS, INC. 09-15-2000 90015 018 ***150.00 Principal Place of Business Mailing Address 11018 OLD ST. AUGUSTINE ROAD #128 11018 OLD ST. AUGUSTINE ROAD #128 JACKSONVILLE FL 32257 JACKSONVILLE FL 32257 A0078433 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCMENAMY, WILLIAM B Street Address (P.O. Box Number is Not Acceptable) **50 NORTH LAURA STREET SUITE 2925** JACKSONVILLE FL 32202 Zip Code FL 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. 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 11. 12. Change ■ Addition TITLE ☐ Delete TITLE NAME MCPHILOMY, CYNTHIA L NAME STREET ADDRESS STREET ADDRESS 1232 RENSSELAER AVENUE CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32205 ☐ Change ☐ Addition TITLE TITLE ☐ Delete MCPHILOMY, PATRICK S NAME NAME STREET ADDRESS STREET ADDRESS 1232 RENSSELAER AVENUE -CITY-ST-7IP CITY-ST-ZIP JACKSONVILLE FL 32205 ☐ Change ☐ Addition □ Delete TITLE NAME 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.

NAME

NAME STREET ADDRESS

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-ZIP

NAME

TITLE

NAME STREET ADDRESS

MANAGED TO THE OF SUPPLES NAME OF SIGNING FFICER OR DIRECTOR

☐ Delete

☐ Delete

☐ Delete

9-11-00

904/384-5361 Daytume Phone #

Change

Change

Change

Addition

☐ Addition

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Attachment #19900098184 00678433

Dinson of Corporations,

l perer secerced a seport in January or tebruary. This report was the first one I secerced and since it was my first year in business; I did not know my Registered tent did not receive one either.

I spoke at Jan at your office Tuesday Sugust 29, 2000 fat 415 pm. She said to write this note + enclose a check for \$15000.

Cynthia LACHWeny