2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 13, 2001 8:00 am **DOCUMENT # \$88558 Secretary of State** 1. Entity Name TRACY'S PET GROOMING CENTER, INC. 02-13-2001 90596 015 ***150.00 Principal Place of Business Mailing Address 929 NE 19TH AVE 929 NE 19TH AVE 022586 FT LAUDERDALE FL 33304 FT LAUDERDALE FL 33304 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0155807 Not Applicable Country Zio Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARNES, TRACY E Street Address (P.O. Box Number is Not Acceptable) 929 NE 19TH AVE FT LAUDERDALE FL 33304 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. **PSD** CR2E034 (10/00) TITLE ☐ Change ☐ Addition TITLE Delete BARNES, TRACY E NAME NAME STREET ADDRESS STREET ADDRESS 929 NE 19TH AVE CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33304 TITLE ☐ Delete TITLE ☐ Change ■ Addition 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P City-ST-ZIP ☐ Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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:

TYPED OR PRINTED NAME OF SIGNING OF