2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 754129

1. Entity Name

SOUTHEAST VOLUSIA HUMANE SOCIETY, INC.



FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90548 033 ****61.25

SOUTHE	AST VOLUSIA HUIVIAINE SOU	METT, INC.		7			
1200 S GLENCOE RD 1.		Mailing Address 1200 S GLENCOE RD NEW SMYRNA BCH FL 321	· ·				
2 Principal F	Place of Business	3. Mailing Address					
2. Faincipai r	riace of Business	3. Maining Address		† 1 76 446 1808 1 9 1811	I BIBBI INDIB NIDIB TON ALBNI BIBII DIDII	alati tibil bibil ital	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			HECK HERE IF MAKING CHA	NGES	
City & State		City & State		4. FEI Number 59	1148843	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Stat		5 Additional equired	
	6. Name and Address of Current	Registered Agent		7. Name and Addre	ss of New Registered Agent		
			Name			[
HALL, CHARLES 417 CANAL ST.			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
NEW SM	IYRNA BEACH FL 32168						
			City		FL Z	p Code	
	named entity submits this statement for tions of registered agent.	or the purpose of changing its	registered office or registe	ered agent, or both, in th	e State of Florida. I am familia	r with, and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signature require	ed when reinstating)	DATE		
<u>-</u> -					, <u>, , , , , , , , , , , , , , , , , , </u>	·	
FILE NOW: FEE IS \$61.25		Flection Carr	9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State		
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10. TITLE NAME	OFFICERS AND DI PD SCHLEMMER, NORMAN 2806 VICTORY PALM EDGEWATER FL	Trust Fund C	11. TITLE NAME	Added to Fees	Florida Departmen	ORS IN 10 Panage Addition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DI PD SCHLEMMER, NORMAN 2806 VICTORY PALM EDGEWATER FL VPD	Trust Fund C	Ontribution.	Added to Fees	Florida Departmen	t of State DRS IN 10 nange	
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12. 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 arri an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

1/13/03 386 3453193