

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

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90203 039 ****61.25

DOCUMENT # **756278**

1. Entity Name
DOBERMAN RESCUE CONCERN, INC.



Principal Place of Business
**8023 WEST LAKE DRIVE
WEST PALM BEACH FL 33406**

Mailing Address
**8023 WEST LAKE DRIVE
WEST PALM BEACH FL 33406**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2340103**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARMSTRONG, NANCY
8023 WEST LAKE DRIVE
WEST PALM BEACH FL 33406**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Nancy Armstrong*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/22/03
DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------------------|--|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | ARMSTRONG, NANCY | |
| STREET ADDRESS | 8023 WEST LAKE DRIVE | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33406 | |
| TITLE | VS | <input type="checkbox"/> Delete |
| NAME | COFFMAN, SUSAN | |
| STREET ADDRESS | 11409 EAGLES NEST DRIVE | |
| CITY-ST-ZIP | BOYNTON BEACH FL 33437 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | ZABKIEWICZ, JAN | |
| STREET ADDRESS | 737 ILEX COURT | |
| CITY-ST-ZIP | LAKE PARK FL 33403 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BURDICK, SY | |
| STREET ADDRESS | 1110 N. OLIVE AVE | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33401 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | STECHTSCHULTE, THEODORE DR | |
| STREET ADDRESS | 2861 S. CONGRESS AVE | |
| CITY-ST-ZIP | LAKE WORTH FL 33461 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | RUSSELL, JOAN | |
| STREET ADDRESS | 441 W TROPICAL WAY | |
| CITY-ST-ZIP | FORE LAUDERDALE FL 33317 | |

| | | |
|----------------|--------------------------|--|
| TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Pamela Gray | |
| STREET ADDRESS | 19100 SW 304th Street | |
| CITY-ST-ZIP | Homestead, Florida 33030 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 am 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: *Nancy Armstrong* **REQUIRED**

1/22/03 561 965-4361

CR2E037 (10/02)