

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 93596 002 ****61.25

DOCUMENT # N29990

1. Entity Name

DOGS AND CATS FOREVER, INC. ✓

Principal Place of Business

Mailing Address

9550 CARLTON RD.
 PORT ST LUCIE FL 34988

2180 MIDTOWN RD
 C/O LAURA LINSKOTT
 PORT ST. LUCIE FL 34952

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0118134

Applied For

Not Applicable

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

LINSKOTT, LAURA
 2180 MIDTOWN RD
 PORT ST. LUCIE FL 34952

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DVP	LINSKOTT, LAURA	2180 MIDTOWN ROAD	PORT ST. LUCIE FL	<input type="checkbox"/>
DS	THIBAUT, MURIEL	708 ANITA ST	FT PIERCE FL	<input type="checkbox"/>
PD	OSBORN, TERRI	5 MARIPOSA LN	PORT ST LUCIE FL 34952	<input checked="" type="checkbox"/>
T	PAULICK, MARGARET T	2413 SE STONECROP ST.	PORT SAINT LUCIE FL 34984	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	Jay Apicella	2412 Leoral Oak Ln	Palm City FL 34990	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Gray, Margaret	208 SW Kanner Hwy	STUART, FL 34994-3592	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (9/01)

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: *Laura Linskott*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/02 (561) 385-2329
 Date Daytime Phone #