

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90075 002 \*\*\*\*61.25

**DOCUMENT # N51048**

1. Entity Name

**ANIMAL RESCUE OF LABELLE, INC.**

Principal Place of Business

Mailing Address

1380 SUMMERALL ROAD  
 LABELLE FL 33935

POST OFFICE BOX 2441  
 LABELLE FL 33935

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

65-0404638

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~SHEPPARD, DIANE G~~  
 26800 OLD MUSE ROAD  
 LABELLE FL 33935

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: VP  
 NAME: MILTON ECK A  
 STREET ADDRESS: 1312 AVALON STREET  
 CITY-ST-ZIP: LABELLE FL 33935  Delete

TITLE: D  
 NAME: CAROLYN KRATTGER  
 STREET ADDRESS: PACKING HOUSE RD  
 CITY-ST-ZIP: ALVA, FL.  Change  Addition

TITLE: D & PRESIDENT  
 NAME: SHEPPARD, DIANE G  
 STREET ADDRESS: 26800 OLD MUSE ROAD  
 CITY-ST-ZIP: LABELLE FL  Delete

TITLE:   
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 Change  Addition

TITLE: D & TREASURER  
 NAME: SHEPPARD, PETER C  
 STREET ADDRESS: 26800 OLD MUSE ROAD L  
 CITY-ST-ZIP: LABELLE FL  Delete

TITLE:   
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 Change  Addition

TITLE: D VP  
 NAME: STOCKWELL, DALLAS S  
 STREET ADDRESS: 26800 OLD MUSE ROAD  
 CITY-ST-ZIP: LABELLE FL  Delete

TITLE:   
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 Change  Addition

TITLE: D  
 NAME: ANGEL BILES  
 STREET ADDRESS: 1000 SUMMERALL RD  
 CITY-ST-ZIP: LABELLE FL  Delete

TITLE:   
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 Change  Addition

TITLE: D  
 NAME: ADDISON AUSTIN  
 STREET ADDRESS: 939 W CR 78  
 CITY-ST-ZIP: LABELLE FL  Delete

TITLE:   
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 Change  Addition

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*DS Sheppard*

17<sup>th</sup> May 2002

1863-612-0228

Date

Daytime Phone #

DIANE G. SHEPPARD

CR2E037 (9/01)