

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90099 041 \*\*\*\*61.25

**DOCUMENT # N96000004167**

1. Entity Name  
**SPACE COAST THERAPY DOGS, INC.**

Principal Place of Business 1255 LESLIE DR. MERRITT ISLAND FL 32952	Mailing Address 1255 LESLIE DR. MERRITT ISLAND FL 32952-6107
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1321 Emerson Dr. NE Suite, Apt. #, etc.	3. Mailing Address 1321 Emerson Dr. NE Suite, Apt. #, etc.
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City & State Palm Bay FL	City & State Palm Bay FL
Zip 32907	Zip 32907
Country USA	Country USA

4. FEI Number 59-3407246	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  
**CURRY, LOUISE**  
 1255 LESLIE DR.  
 MERRITT ISLAND FL 32952

7. Name and Address of New Registered Agent  
 Name: **Trudy Howard**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1321 Emerson Dr NE**  
 City: **Palm Bay** FL Zip Code: **32907**

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: *Trudy A. Howard* **Trudy A. Howard, Treasurer** **2/19/2000**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:**  
**SEE 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GOSS, CINDY E 1521 STEWART AVENUE MELBOURNE FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAW, GEORGE 4845 KEY MADEIRA DRIVE TITUSVILLE FL 32780 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOLDER, ANN 945 INDIAN RIVER DR. COCOA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ROBERTS, SHANNON 1654 TROPIC STREET TITUSVILLE FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CURRY, LOUISE 1255 LESLIE DR. MERRITT ISLAND FL 32952 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MERRILL, RUTH 1738 NICKLAUS DRIVE MELBOURNE FL 32935 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV marilyn Hulme 915 Jamestown Dr Rockledge FL 32955 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 Clarice Costello 514 Brightwaters Drive Cocoa Beach, FL 32931 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D    <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Hal Davidson 1365 Montego St Titusville FL 32780 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP    <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Linda Honeycutt 1618 Emmaus Road, N.W. Palm Bay, FL 32907 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: *Trudy A. Howard* **Trudy A. Howard** **2-19-00** **321-951-1776**  
Signature (Typed or Printed Name of Signing Officer or Director) Date Director Phone #

CR2E037 (9/99)

Space Coast Therapy Dogs, Inc.

Document #N96000004167

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#11 – Additions/Changes to Officers and Directors

**Additions:**

Trudy A. Howard

D/T

1321 Emerson Drive, N.E.

Palm Bay, FL 32907

Kathleen Kessel

D

353 Brickell Street, S.E.

Palm Bay, FL 32909