

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000055536

1. Entity Name

ANIMAL BEHAVIOR SYSTEMS, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90116 032 ***150.00

Principal Place of Business 5909-G BRECKENRIDGE PKWY TAMPA FL 33610-4253	Mailing Address 5909-G BRECKENRIDGE PKWY TAMPA FL 33610-4237
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3453286		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired. <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		

7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNELL, JOHN A	NAME	
STREET ADDRESS	5909-G BRECKENRIDGE PKWY	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33610-4253	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARON, RICHARD	NAME	
STREET ADDRESS	5909-G BRECKENRIDGE PKWY	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 3610-253	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARON, PETER	NAME	
STREET ADDRESS	5909-G BRECKENRIDGE PKWY	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33610-4253	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNTINGTON, BONNIE R	NAME	
STREET ADDRESS	5909-G BRECKENRIDGE PKWY	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33610-4253	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/00

Date

813 621-9447

Daytime Phone #