2001 UNIFORM BUSINESS REPORT (UBR)

CITY-ST-7IP

changed, or on an attachment with an address, with all other like empowered.

May 16, 2001 8:00 am Secretary of State DOCUMENT # S37712 PUPPY PATCH PRESCHOOL, INC. 05-16-2001 90372 037 ***150.00 Principal Place of Business Mailing Address 1116 35TH STREET W 1116 35TH STREET W **BRADENTON FL 34205 BRADENTON FL 34205** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0246893 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired... Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BOWEN, TERRY** Street Address (P.O. Box Number is Not Acceptable) 3404 65 STREET EAST 354 St (1) **BRADENTON FL 34208** 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. XWQM (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees \Box (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete ☐ Addition BOWEN, TERRY L NAME NAME 3404 65 STREET EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL** CITY-ST-7/P TITLE TITLE **☆** Change ☐ Addition ☐ Delete **BOWEN, FRANCES JANE** NAME NAME STREET ADDRESS 3404 65 STREET EAST STREET ADDRESS CITY-ST-ZIP BRADENTON FL. CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS

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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

1941-748-6648

FILED