

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90051 026 \*\*\*\*70.00

**DOCUMENT # 763212**

1. Entity Name

**VOLUNTEER SERVICES FOR ANIMALS, INC.**

Principal Place of Business

Mailing Address

40 DAVIS BLVD  
 NAPLES FL 34104

40 MENTOR DR  
 NAPLES FL 34110  
 US

2. Principal Place of Business

40 MENTOR DR

3. Mailing Address

P.O. BOX 110727

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

NAPLES FL

4. FEI Number

59-2197365

Applied For

Not Applicable

Zip

Country

Zip

Country

34117

COLLIER

34108

COLLIER

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LANG, JERRY K  
 40 MENTOR DR  
 NAPLES FL 34110

ASHBY MICHAEL  
 3148 ANDORRA CT  
 NAPLES FL 34109

7. Name and Address of New Registered Agent

Name ~~MICHAEL~~ MICHAEL ASHBY

Street Address (P.O. Box Number is Not Acceptable)

3148 ANDORRA CT

City NAPLES

FL

Zip Code 34109

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

*Michael Ashby*  
 MICHAEL ASHBY

TREASURER SEC.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/12/02

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	PD	<input type="checkbox"/> Delete
NAME	KRAMER, LINDA	
STREET ADDRESS	3871 1ST AVE SW	
CITY-ST-ZIP	NAPLES FL 34117	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MORROW, CHRISTINE	
STREET ADDRESS	857 101ST AVE NO.	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BARBARA LEE	
STREET ADDRESS	6TH ST TROPEZ DR	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BENSON, DARLENE	
STREET ADDRESS	4651 GULFSHORE BLVD #1502	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LANG, JERRY K	
STREET ADDRESS	40 MENTOR DR	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCCOOL, MELISSA	
STREET ADDRESS	186 PEBBLE SHORES DR #203	
CITY-ST-ZIP	NAPLES FL 34110	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARNI SCHRIEMAN	
STREET ADDRESS	262 STANHOPE CIR	
CITY-ST-ZIP	NAPLES 34104	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHYLLIS FRANCES	
STREET ADDRESS	814 101 AVE N.	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIELLE DEPIN	
STREET ADDRESS	518 MENTON LANE	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL ASHBY	
STREET ADDRESS	3148 ANDORRA CT	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 file empowered.

SIGNATURE

*Michael Ashby*  
 MICHAEL ASHBY

3/12/02

Date

941-594-8879

Daytime Phone #

CR2E037 (9/01)