

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

1 DAVIS BLVD
NAPLES FL 34104

40 MENTOR DR
NAPLES FL 34110
US

LINDA KRAMER

VOLUNTEER SERVICES FOR ANIMALS, INC.

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**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANG, JERRY K
40 MENTOR DR
NAPLES FL 34110

ASHBY MICHAEL
3148 ANDORRA CT
NAPLES FL 34109

Name

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

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	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 REPIN	
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL ASHBY

Date

Daytime Phone #

941-594-8879

CR2E037 (9/01)