


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90027 033 ****70.00

DOCUMENT # 763212

1. Entity Name
VOLUNTEER SERVICES FOR ANIMALS, INC.



Principal Place of Business Mailing Address

LINDA KRAMER LOUISE MARO
40 MENTOR DRIVE 2860 SHERMAN AVE
NAPLES FL 34117 NAPLES FL 34108
US 34120
US

2. Principal Place of Business 3. Mailing Address

LOUISE MARO 2860 SHERMAN AVE
AVE

Suite, Apt. #, etc. Suite, Apt. #, etc.
ABOVE.

City & State City & State

NAPLES FLORIDA

Zip Country Zip Country

34120 U.S.A.

4. FEI Number **59-2197365** Applied For
Not Applicable

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**

ASHBY, MICHAEL
3148 ANDORRA COURT
NAPLES FL 34109

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Michael Ashby* DATE **1-28-03.**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KRAMER, LINDA	
STREET ADDRESS	3671 1ST AVE SW	
CITY-ST-ZIP	NAPLES FL 34117	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SCHRIBMAN, MARNI	
STREET ADDRESS	262 STANHOPE CIR	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FRANCES, PHYLLIS	
STREET ADDRESS	814 101 AVENUE N	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PEPIN, DANIELLE	
STREET ADDRESS	518 MENTON LANE	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ASHBY, MICHAEL	
STREET ADDRESS	3148 ANDORRA COURT	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUISE MARO	
STREET ADDRESS	2860 SHERMAN AVE	
CITY-ST-ZIP	NAPLES FL 34120	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAREN ASHER	
STREET ADDRESS	1075 AUGUSTA FALLS WAY	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGGIE KEMP	
STREET ADDRESS	4834 DEVON CIRCLE	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIANE DONALDSON	
STREET ADDRESS	4980 TAMARIND RIDGE DRIVE	
CITY-ST-ZIP	NAPLES FL 34119	
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 like empowered.

SIGNATURE: *Michael Ashby* DATE: **1-28-03** **594-8879**

CR2E037 (10/02)