2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

299176 DOCUMENT

1. Entity Name

HOLLYWOOD KENNEL CLUB, INC.



FILED Jan 31, 2003 8:00 am Secretary of State 01-31-2003 90381 014 ***150.00

Principal Place of Business 831 N FEDERAL HWY HALLANDALE FL 33009		Mailing Address 831 N FEDERAL HWY HALLANDALE FL 33009					1)		
2. Principal Place of Business		3. Mailing Address			_				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			1	☐ CHECK HERE IF MAKING CHANGES			
City & State	9	City & State			- 4. F	4. FEI Number 38-1435702		oplied For ot Applicable	
Zip	Country	Zip	Zip Countr					\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent			7. N	Name and Address of New Registers	ed Agent		
ADKINS, DANIEL K. 881 N. FEDERAL HIGHWAY				Name . Street Address (P.O. Box Number is Not Acceptable)					
1	ALE FL 33009			City FL Zip Code					
	named entity submits this statement fons of registered agent. Signature, typed or printed name of registered agen		<u>-</u>	ed office or registe				and accept	
After Make Check	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	<u>4</u>			45	9. Election Campaign Financing Trust Fund Contribution. DITIONS/CHANGES TO OFFICERS A	☐ Added	00 May Be d to Fees	
10.	OFFICERS AND DIRECTORS		11.	TITLE		DITIONS/CHANGES TO OFFICERS F	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARTMAN, BERNARD L 831 N FEDERAL HWY HALLANDALE FL	☐ Delete	NAM STRE	_	`				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDV TYNER, HERBERT 831 N FEDERAL HWY- HALLANDALE FL	☐ Delete			<u>-</u>	gar the second s	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULLER, WALTER 24800 N. WESTERN HWY SOUTHFIELD MI	☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M ADKINS, DANIEL K 831 N FEDERAL HWY HALLANDALE FL 33009	☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		i i	•		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		l l			☐ Change	Addition	
indicated	pertify that the information supplied wit on this report or supplemental report poration or the receiver or trustee emp or on an attachment with an address	is true and accurate and that I nowered to execute this report	my signa ' as requi	ture shall have the	e same	iedai effect as if made under oath: tha	at i am an oilicei	or director	

SIGNATURE:

01/30/03

Date

954 924-3200

Daytime Phone #