

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90034 003 ***550.00

B0102127

DO NOT WRITE IN THIS SPACE

DOCUMENT # 655760
1. Entity Name
CONNELL KENNELS INC

Principal Place of Business
219 MORNING CREEK CIR
APOPKA FL 32712
Mailing Address
PO Box 950558
LAKE MARY FL 32748

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country
3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number
59-1949077
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Rodney H Connell
219 Morning Creek Cir
APOPKA FL 32712

7. Name and Address of New Registered Agent
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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State
10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS CITY-ST-ZIP
	PRESIDENT RD RODNEY H CONNELL	219 MORNING CREEK CIR APOPKA FL 32712	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	S/TIO ARNOLD G CONNELL	219 MORNING CREEK CIR APOPKA FL 32712	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	VP MARK B CONNELL	1711 SW 51ST BLVD CAINSVILLE FL 32818	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	VP MELINDA C STULTZ	00935 CTY RD 466A FRUITLAND PARK FL 34731	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	MAIL PO BOX 490	FRUITLAND PARK FL 34731	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		

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

SIGNATURE: Arnold G Connell 5/24/00 (407) 884-9456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #