

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

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90159 038 ****61.25

DOCUMENT # 725270

1. Entity Name

TAMPA BAY PUG CLUB, INC.



Principal Place of Business

**17531 GUNLOCK RD.
LUTZ FL 33558-8442
US**

Mailing Address

**17531 GUNLOCK RD.
LUTZ FL 33558-8442
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0131148**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ARD, RANDY
17531 GUNLOCK RD.
LUTZ FL 33549**

7. Name and Address of New Registered Agent

Name **ARD, RANDY**
Street Address (P.O. Box Number is Not Acceptable)

17531 GUNLOCK RD

City **LUTZ**

FL Zip Code **33558**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Delete
NAME **NESIUS, DEBI**
STREET ADDRESS **490 WILI NKE AVE SW**
CITY-ST-ZIP **PALM BAY FL 32098**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **ARD, RANDY**
STREET ADDRESS **17531 GUNLOCK RD**
CITY-ST-ZIP **LUTZ FL 33558-8442**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **CHAMBERLAND, DEBBIE**
STREET ADDRESS **7355 BLACKHAWK TRAIL**
CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **ARMSTRONG, LINDA**
STREET ADDRESS **1738 ALVARADO CT**
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **HUTCHINSON, ANITRA**
STREET ADDRESS **4403 W. ANITA BLVD.**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **JOYNER, CINDY**
STREET ADDRESS **8601 SUNNYDALE LN**
CITY-ST-ZIP **LAKELAND FL**

TITLE ☐ Change ☐ 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: **Randy C. ARD** **1-25-2003** **579-3031** **(727)**

CR2E037 (10/02)