

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759477

1. Entity Name

STERILIZATION OF UNWANTED PETS, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90079 016 ****61.25

Principal Place of Business 152 VERMONT AVE. CENTER HILL FL 33514	Mailing Address P O BOX 195 LADY LAKE FL 32158-0195 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4655 SW 110th Pl.	3. Mailing Address 4655 SW 110th Pl.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State WEBSTER FL.	City & State WEBSTER FL.
Zip 33597	Country FL
Country FL	Zip 33597
Country FL	Country FL

4. FEI Number 59-2135888	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BATES, VIRGINIA J 152 VERMONT AVE. CENTER HILL FL 33514

7. Name and Address of New Registered Agent Name Virginia J. Bates Street Address (P.O. Box Number is Not Acceptable) 4655 SW 110th Pl. City Webster Fl. FL Zip Code 33597

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 Virginia J. Bates	DATE 4-28-00
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FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BATES, VIRGINIA J 152 VERMONT AVE, CENTER HILL FL 33514 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DUVAL, TONYA 511 E WALDO ST GROVELAND FL 34736 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STM INGRAM, ROSEMARIE 438 WINNERS CIR LADY LAKE FL 32159 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAYMINE, LOUANN 2942 SUNRISE RD LADY LAKE FL 32159 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALDERMAN, JOYCE 15328 SABLE AVE GROVELAND FL 34736 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BATES VIRGINIA 4655 SW 110th Pl. WEBSTER FL. 33597 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES. SHARON J. KOSTENBAUDER 11305 N. MCKINLEY DR. TAMPA FL. 33612 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECT. BLYNN CANNON 4209 S. HAWKINS RD. PLANT CITY FL. 33567 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Virginia J. Bates	SIGNATURE REQUIRED Virginia J. Bates
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CR2E037 (9/99)