2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765976

SOUTHEASTERN GUIDE DOGS, INC.

Jun 18, 2001 8:00 am Secretary of State 05-16-2001 90360 003 ****70.00

FILED

PALMETTO FL 34221 PALMETTO FL 34221	Principal Place of I	Business	Mailing Address			†			
Suite, Apt. #, etc. City & State City & State City & State City & State Country Country Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name SERGEANT, MIKE 4210 77TH STREET EAST PALMETTO FL 34221 City FL Zip Code DO NOT WRITE IN THIS SPACE Applied For Not Applied For No	4210 77TH STREET. EAST PALMETTO FL 34221								
Suite, Apt. #, etc. City & State City & State City & State City & State Country Country Country Country 5. Certificate of Status Desired Fee Required Fee Required Name SERGEANT, MIKE 4210 77TH STREET EAST PALMETTO FL 34221 City FL Zip Code DO NOT WRITE IN THIS SPACE Applied For Not Applicable 5. Certificate of Status Desired 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.									
City & State City & State City & State City & State 4. FEI Number 59-2252352 Applied For Not Applicable Street Address of Current Registered Agent Name SERGEANT, MIKE 4210 77TH STREET EAST PALMETTO FL 34221 City City City City Country Applied For Not Applicable Street Address of Status Desired Fee Required 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.	2. Principal Place of Business		3. Mailing Address	s			1811 61011 C1811 81911 11811 1101		
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent Name SERGEANT, MIKE 4210 77TH STREET EAST PALMETTO FL 34221 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.	Suite, Apt. #, etc.		Suite, Apt. #, 6	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
Zip Country Zip Country 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 Name SERGEANT, MIKE 4210 77TH STREET EAST PALMETTO FL 34221 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.	City & State		City & State	City & State		4. FEI Number FO 0050050	Applied For		
5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name SERGEANT, MIKE 4210 77TH STREET EAST PALMETTO FL 34221 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.						38-2232332	Not Applicable		
SERGEANT, MIKE 4210 77TH STREET EAST PALMETTO FL 34221 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.	Zip	Country	Zip	Zip Country		5. Certificate of Status Desired			
SERGEANT, MIKE 4210 77TH STREET EAST PALMETTO FL 34221 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.	6	. Name and Address of Cu	rrent Registered Agent			7. Name and Address of New Registered	Agent		
4210 77TH STREET EAST PALMETTO FL 34221 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.	•				Name		•		
PALMETTO FL 34221 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 Fiorida.	•			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.							Marie Control of the		
					City	FL	Zip Code		
	8. The above nam	ed entity submits this statem	ent for the purpose of chan	ging its registe	red office or reg	sistered agent, or both, in the state of Florida.			
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SIGNATURE SECRETARY SECRET	SIGNATURE	7. Mach	en Secret			•			

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9. Election Campaign Financing

\$5.00 May Be

Make Check Payable to

	FEE IS \$61:25/	Trust Fund Contribution	on. Li	Added to Fees		Départmer	nt of State	gange a
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SILVERMAN, HARRIS M.D. 4007 BAYSIDE DR. BRADENTON FL	💢 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Jacquelyn 6145 55th	Patric Avenue	ia Cowl	Change N D.	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHERMAN, ROBERT D. 114 30TH ST. W. BRADENTON FL	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bradenton	1 Ph	<u>59207</u>	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOYLE, WILLIAM D D. 2206 RAMSGATE CT SAFETY HARBOR FL 34695	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDCO SERGEANT, MIKE 4210 77 ST. E. PALMETTO FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	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

SIGNATURE:

4-30-01 941-729-5665