

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 09, 2001 8:00 am  
Secretary of State

04-09-2001 90051 012 \*\*\*150.00

DOCUMENT # F00000004669

1. Entity Name

ANIMAL STOPPERS, INC.

Principal Place of Business

4150 CRIPPLE CREEK WAY NW  
KENNESAW GA 30144-2165

Mailing Address

4150 CRIPPLE CREEK WAY NW  
KENNESAW GA 30144-2165

2. Principal Place of Business

3163 CANTON RD

3. Mailing Address

155 Whitcomb Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MARIETTA GA

City & State

TARLON SPRINGS FL

4. FEI Number

58-2446537

Applied For

Not Applicable

Zip

30022

Country

COBB

Zip

34689

Country

PINELLAS

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SANTANA, MIGUEL  
6652 THORUHYLL COURT  
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name Miguel Santana

Street Address (P.O. Box Number is Not Acceptable)

155 WHITCOMB BLVD.

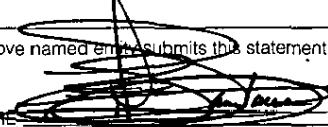
City TARLON SPRINGS

FL

Zip Code

34689

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  PRESIDENT. MIGUEL SANTANA

03-14-01

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, 2001 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

TITLE	PCD	<input checked="" type="checkbox"/> Delete
NAME	SANTANA, MIGUEL A	
STREET ADDRESS	4150 CRIPPLE CREEK WAY NW	
CITY-ST-ZIP	KENNESAW GA 30144-2165	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	SANTANA, JENNIFER M	
STREET ADDRESS	4150 CRIPPLE CREEK WAY NW	
CITY-ST-ZIP	KENNESAW GA 30144-2165	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	155 WHITCOMB BLVD.
CITY-ST-ZIP	TARLON SPRINGS FL. 34689
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	155 WHITCOMB BLVD.
CITY-ST-ZIP	TARLON SPRINGS FL. 34689.
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 empowerments.

SIGNATURE:

 PRESIDENT 03-14-01

727-944-4875

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0427435

CR2E034 (10/00)

U0032889



DO NOT WRITE IN THIS SPACE