

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

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90247 034 ****61.25

DOCUMENT # F01000005767

1. Entity Name

PET ADOPTION NETWORK, INC.



Principal Place of Business

**5336 SEA BISCUIT ROAD
PALM BEACH FL 33418**

Mailing Address

**5336 SEA BISCUIT ROAD
PALM BEACH FL 33418**

20008216



☐ CHECK HERE IF MAKING CHANGES

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 **06-1630982**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

TITLE **PCD**
NAME **KOCHMAN, DEBRA N** ☐ Delete
STREET ADDRESS **5336 SEA BISCUIT ROAD**
CITY-ST-ZIP **PALM BEACH FL 33418**

TITLE **VTD**
NAME **NEWMAN, HELAINE** ☐ Delete
STREET ADDRESS **P.O. BOX 830, WEST CREEK FARMS ROAD**
CITY-ST-ZIP **SANDS POINT NY 11050**

TITLE **VSD**
NAME **KOCHMAN, RONALD** ☐ Delete
STREET ADDRESS **5336 SEA BISCUIT ROAD**
CITY-ST-ZIP **PALM BEACH FL 33418**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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:

Debra N. Kochman
DEBRA NEWMAN KOCHMAN

January 13, 2003

561-844-

8828

CR2E037 (10/02)