## **FILED**

## **2002 UNIFORM BUSINESS REPORT (UBR)**

Jan 15, 2002 8:00 am Secretary of State DOCUMENT # F04715 1. Entity Name 01-15-2002 90050 015 \*\*\*150.00 ALL AMERICAN DOG TRAINING ACADEMY, INC. Principal Place of Business Mailing Address 210 NITA DRIVE 210 NITA DRIVE SEFFNER FL 33584 SEFFNER FL 33584 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2059704 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WHITE, GLEN E. Street Address (P.O. Box Number is Not Acceptable) 210 NITA DRIVE SEFFNER FL 33584 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE TITLE Change ☐ Delete WHITE, GLEN E. NAME NAME STREET ADDRESS 210 NITA DRIVE STREET ADDRESS SEFFNER FL CITY-ST-7IP CITY-ST-7IP TITLE DST ☐ Delete TITLE Change ☐ Addition NAME WHITE, MARIJO P NAME STREET ADDRESS 210 NITA DRIVE STREET ADDRESS SEFFNER FL CITY-ST-ZIP CITY-ST-ZIP TITLE DVP ☐ Delete TITLE **X** Change ☐ Addition WHITE, TONY J. 3007 SUMMERHOLES DRIVE VALRICO, FZ. 33594 NAME WHITE, TONY J. NAME STREET ADDRESS 1227 ASTOR COMMONS PLACE #104 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRANDON FL 33511** ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ÷.... ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 empowered.

GENEWHITE PRESIDENT 1-8-2002 SIGNATURE