

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90720 001 ***155.00
 05-22-2001 90720 002 *****3.75

4556

DO NOT WRITE IN THIS SPACE

DOCUMENT # F46265

1. Entity Name
De Soto Aviaries And KENNEL, INC.

Principal Place of Business Mailing Address **SAME**
12052 Shakespeare Trail
Dade City, FL 33525

2. Principal Place of Business **Dade City, FL**
 Suite, Apt. #, etc.

3. Mailing Address **12052 Shakespeare Trail**
 Suite, Apt. #, etc.

City & State **Dade City, FL** Zip **33525** Country **US**

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4. FEI Number **592146460** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Watts, Susan E.
2526 MYAKKA Rd.
SARASOTA, FL 34240-9768

7. Name and Address of New Registered Agent
 Name **Letty Schilling**
 Street Address (P.O. Box Number is Not Acceptable) **12052 Shakespeare Trail**
 City **Dade City** FL Zip Code **33525**

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 **Letty Schilling** DATE **4/30/01**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			12. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/D Watts, Susan E 2526 MYAKKA Rd SARASOTA, FL 34240	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD William J. Schilling 12052 Shakespeare Trail Dade City, FL 33525	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Schneider Craig A 2526 MYAKKA Rd. SARASOTA, FL 34240	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Letty Schilling 12052 Shakespeare Trail Dade City, FL 33525	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

3. 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.

SIGNATURE: **Letty Schilling** **Letty Schilling** DATE **4/30/01** **352-521-0367**
 Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E034 (11/00)