

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H09531

1. Entity Name  
TRADEMARK KENNELS, INC.

Principal Place of Business

C/O PHIL HOELCHER  
19425 SW 232ND ST.  
MIAMI FL 33170-2003

Mailing Address

C/O PHIL HOELCHER  
19425 SW 232ND ST.  
MIAMI FL 33170-2003

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 59-2646997

Applied For

Not Applicable

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

HOELCHER, PHIL  
19425 SW 232ND ST.  
MIAMI FL 33170-2003

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.

SIGNATURE

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 PD  
STREET ADDRESS HOELCHER, PHIL  
CITY-ST-ZIP 19425 SW 232ND ST.  
MIAMI FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME VPT  
STREET ADDRESS LITTLE, NANCY  
CITY-ST-ZIP 19425 SW 232 ST  
MIAMI FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Duration (Range #)

**FILED**  
**Sep 13, 2001 8:00 am**  
**Secretary of State**

09-13-2001 90013 037 \*\*\*550.00

00000103



DO NOT WRITE IN THIS SPACE

017261 AT

CR2E034 (5/01)

9-5-01