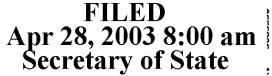
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT# H38285



1. Entity Name SANDY LANE KENNELS, INC.					04-2	28-2003 90340 0	10 ***15	0.00
Principal Place of Business 5830 HAGERMAN RD. ROUTE 16. BOX 34A SARASOTA FL 34232		Mailing Address 5830 HAGERMAN RD. ROUTE 16, BOX 34A SARASOTA FL 34232						
2. Principal P	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & Stat	е	City & State			4. FEI Number 59-24	196477		oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of Status [\$8.75 Add Fee Require	
	6. Name and Address of Current			7. Name and Address	of New Registered A	gent		
				Name				
Wessels, Thomas M. 5830 Hagerman Rd.			S	Street Address (P.O. Box Number is Not Acceptable)				
,								,
SARASOTA FL 34232				Sity	FL Zip Code			
	named entity submits this statement for ions of registered agent.	r the purpose of changing its r	egistered c	office or registere	ed agent, or both, in the Si	ate of Florida. I am fa	amiliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent			M - WE	when reinstating)	V-P DATE	<u>.</u>	<u> </u>
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					9. Election Cam Trust Fund Co		\$5.0 Addec	May Be I to Fees
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES	TO OFFICERS AND	DIRECTOR:	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WESSELS, THOMAS M. 5830 HAGERMAN RD. SARASOTA FL	☐ Delete	TITLE NAME STREET AU CITY-ST-				☐ Change	Addition
TITLE NAME	PS WESSELS, T. RUTH 5830 HAGERMAN RD. SARASOTA FL	☐ Delete TITLE NAM!		DDRESS			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete TITLE NAM STRE		TITLE NAME STREET AL CITY-ST-	I	ر در میشود پسور ر	- 3-0	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET AC CITY-ST-				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET AG CITY-ST-				☐ Change	Addition

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 607, 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. G41 371

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition