

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 15, 2002 8:00 am
Secretary of State

05-28-2002 91693 016 ***550.00

DOCUMENT # J67221

1. Entity Name
FERRELL'S KENNEL, INC.

Principal Place of Business
3066 SHOAL CREEK VILLAGE DR
LAKELAND FL 33803
US

Mailing Address
P.O. BOX 1321
LAKELAND FL 33802

2. Principal Place of Business
4921 S. Devonshire Ln
 Suite, Apt. #, etc.

3. Mailing Address
PO Box 1321
 Suite, Apt. #, etc.

City & State
LAKELAND FL
 Zip
33802

City & State
LAKELAND FL
 Zip
33802

4. FEI Number **59-2792028**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

FERRELL, KAREN S
3066 SHOAL CREEK VILLAGE DR
LAKELAND FL 33803

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
KAREN V FERRELL
4901 S. Devonshire Ln
 City **Lakeland** **FL** Zip Code **33813**

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 _____

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 13, 2002 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

TITLE **PD** ☐ Delete
 NAME **FERRELL, THOMAS A**
 STREET ADDRESS **3066 SHOAL CREEK VILLAGE DR**
 CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **VD** ☐ Delete
 NAME **FERRELL, KAREN S**
 STREET ADDRESS **3066 SHOAL CREEK VILLAGE DR**
 CITY-ST-ZIP **LAKELAND FL 33803**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **FERRELL, THOMAS A**
 STREET ADDRESS **4921 S. DEVONSHIRE LN**
 CITY-ST-ZIP **LAKELAND FL 33813**

TITLE ☒ Change ☐ Addition
 NAME **FERRELL, KAREN S**
 STREET ADDRESS **4921 S. DEVONSHIRE LN**
 CITY-ST-ZIP **LAKELAND FL 33813**

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

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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 empow...

SIGNATURE: **Karen V Ferrell**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/02 **8636443844**
 Date Daytime Phone #

CR2E034 (4/02)

5/28

2002 UNIFORM BUSINESS REPORT (UBR)

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1. Entity Name

FERRELL'S KENNEL, INC.

Principal Place of Business

3068 SHOAL CREEK VILLAGE DR
LAKELAND FL 33803
US

Mailing Address

P.O. BOX 1321
LAKELAND FL 33802

2. Principal Place of Business

11305 JAMES JACK LN
Suite, Apt. #, etc.

3. Mailing Address

SAME AS ABOVE
Suite, Apt. #, etc.

City & State

CHARLOTTE

City & State

N. CAROLINA

Zip

28277

Country

Zip

2

Country

4. FEI Number

59-2792028

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

FERRELL, KAREN S
3068 SHOAL CREEK VILLAGE DR
LAKELAND FL 33803

7. Name and Address of New Registered Agent

Name: KAREN V. FERRELL
Street Address (P.O. Box Number is Not Acceptable)
11305 JAMES JACK LN
City: CHARLOTTE NC FL Zip Code: 28277

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 \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERRELL, THOMAS A 3068 SHOAL CREEK VILLAGE DR LAKELAND FL 33803	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FERRELL, KAREN S 3068 SHOAL CREEK VILLAGE DR LAKELAND FL 33803	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	FERRELL, THOMAS A 11305 JAMES JACK LN CHARLOTTE NC 28277	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FERRELL, KAREN S. 11305 JAMES JACK LN CHARLOTTE NC 28277	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Address for both Above	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4921 S. Devonshire Ln. Lakeland FL 33813	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/02 863 6443844

Daytime Phone #

CR2EC04 (9/01)

Attachment
9-7-250