

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K03184

1. Entity Name

DIAL KENNELS OF ALABAMA, INC.

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90100 019 \*\*\*150.00

Principal Place of Business

Mailing Address

% EDWARD E. HEDSTROM  
601 ST. JOHNS AVE.  
PALATKA FL 32177-4643

% EDWARD E. HEDSTROM  
601 ST. JOHNS AVE.  
PALATKA FL 32177-4643

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2860088**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

HEDSTROM, EDWARD E.  
601 ST. JOHNS AVE.  
PALATKA FL 32077

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 \$150.00**  
**After MAY 1, 2000 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 PS  
NAME NIENOW, A. E. ☒ Delete  
STREET ADDRESS RT: 1 BOX 722  
CITY-ST-ZIP E. PALATKA FL

TITLE S  
NAME Nienow, A.E. ☒ Change ☐ Addition  
STREET ADDRESS Route 1, Box 722  
CITY-ST-ZIP East Palatka, FL 32131

TITLE S  
NAME NIENOW, ANN T. ☒ Delete  
STREET ADDRESS RT 1 BOX 722  
CITY-ST-ZIP E PALATKA FL

TITLE PS  
NAME Nienow, Ann T. ☒ Change ☐ Addition  
STREET ADDRESS Route 1, Box 722  
CITY-ST-ZIP East Palatka, FL 32131

TITLE VPT  
NAME LARSEN, MELINDA ☒ Delete  
STREET ADDRESS 1235 TWO OAKS BLVD  
CITY-ST-ZIP MERRITT ISLAND FL 32952

TITLE VPT  
NAME Larsen, Melinda ☒ Change ☐ Addition  
STREET ADDRESS 3220 S. Tropical Trail  
CITY-ST-ZIP Merritt Island, FL 32952

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:

*Ann T. Nienow* - Ann T. Nienow

4/10/00

(904) 328-2425

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)