

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90954 003 ***150.00

DOCUMENT # K03184

1. Entity Name
DIAL KENNELS OF ALABAMA, INC.

Principal Place of Business
% EDWARD E. HEDSTROM
~~601 ST. JOHN'S AVE.~~
PALATKA FL 32177-4643

Mailing Address
% EDWARD E. HEDSTROM
~~601 ST. JOHN'S AVE.~~
PALATKA FL 32177-4643



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
128 Orange Dr.
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1317
 Suite, Apt. #, etc.
PALATKA, FL

City & State
EAST PALATKA, FL

City & State
32178

4. FEI Number **59-2860088**

Applied For
 Not Applicable

Zip **32131** Country **Putnam**

Zip **32131** Country **USA**

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. JOHN'S 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 *x Ann J. Nienow*

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, 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	S	<input checked="" type="checkbox"/> Delete
NAME	NIENOW, A. E.	
STREET ADDRESS	RT. 1 BOX 722	
CITY-ST-ZIP	EAST PALATKA FL 32131	
TITLE	PS	<input type="checkbox"/> Delete
NAME	NIENOW, ANN T.	
STREET ADDRESS	RT. 1 BOX 722 128 Orange Dr.	
CITY-ST-ZIP	EAST PALATKA FL 32131	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	LARSEN, MELINDA	
STREET ADDRESS	3220 S TROPICAL TRAIL	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

SIGNATURE: *x Ann J. Nienow*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)