

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90037 008 ***150.00

0624774 AT

DOCUMENT # L24775

1. Entity Name

PAW PAW DOUBLE G KENNELS, INC.

Principal Place of Business

**5419 PAW PAW LAKE ROAD
STE 2
COLOMA MI 49038
US**

Mailing Address

**P.O. BOX 730
WATERVLIET MI 49098
US**

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

65-0157412

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**PUOPOLO, DAVID
27657 OLD U. S. 41
BONITA SPRINGS FL 34135**

7. Name and Address of New Registered Agent

Name
William W. MARSLAND
Street Address (P.O. Box Number is Not Acceptable)
27657 OLD U.S. 41
Bonita Springs FL Zip Code
34135

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

William W. Marsland
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-26-02

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 State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PD TACY, ROBERT**
STREET ADDRESS **5419 PAW PAW LAKE ROAD**
CITY-ST-ZIP **COLOMA MI**

TITLE ☐ Delete
NAME **STD TACY, JEAN**
STREET ADDRESS **5419 PAW PAW LAKE ROAD**
CITY-ST-ZIP **COLOMA MI**

TITLE ☐ Delete
NAME **DV GETER, SUSAN**
STREET ADDRESS **10420 BUTTWOOD AVE**
CITY-ST-ZIP **PEMBROKE PINES FL 33026**

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
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **185 Washington Hill Road**
CITY-ST-ZIP **HURRICANE, WV 25526**

TITLE ☐ Change ☐ Addition
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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jean L. Tacy
JEAN L. TACY 04-01-02
941-495-0388

CR2E034 (9/01)