

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90169 043 \*\*\*150.00

0667373 AR

**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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MARSLAND, WILLIAM W**  
**27657 OLD US 41**  
**BONITA SPRINGS FL 34135**

7. Name and Address of New Registered Agent

Name **TERRI GETER**

Street Address (P.O. Box Number is Not Acceptable)

**7218 W. FOURTH AVE.**

City **HIWASSEE**

FL

Zip Code

**33014**

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 *Terri Geter*

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-2-03**

**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 Campaign Financing - ☐ **\$5.00** May Be  
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE **DMT** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE **P/O/S** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **185 WASHINGTON HILL ROAD**  
CITY-ST-ZIP **HURRICANE, WV 25526**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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.

SIGNATURE:

*Signature Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/10/03**

**269-4684343**

Date

Daytime Phone #

CR2E034 (10/02)