

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 26, 2002 8:00 am
Secretary of State

04-26-2002 90026 048 ****70.00

DOCUMENT # N00000000500

1. Entity Name

PATRON OF SAINT FRANCIS ANIMAL RESCUE AND SUPPORT, INC.

Principal Place of Business

6941 NOVA SCOTIA DR
PORT RICHEY FL 34668

Mailing Address

P.O. BOX 2103
ELFERS FL 34680

2. Principal Place of Business

9361 Star Trail

3. Mailing Address

9361 Star Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New Port Richey, FL

City & State

New Port Richey, FL

Zip

34654

Country

USA

Zip

34654

Country

USA

4. FEI Number

59-3494563

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SHARAY, MALEKA
6941 NOVA SCOTIA DR
PORT RICHEY FL 34668

7. Name and Address of New Registered Agent

Name

Maleka - "Mel" Allen

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

9361 Star Trail

City

New Port Richey

FL

Zip Code
34654

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.

~~registered agent is the same, but registered agent was married, so she has a name change.~~

SIGNATURE

Maleka "Mel" Allen

Maleka "Mel" Allen

3-15-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PDS
NAME SHARAY, MALEKA ☐ Delete
STREET ADDRESS 6941 NOVA SCOTIA DR
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE V
NAME ALLEN, ETHAN ☐ Delete
STREET ADDRESS 13737 COLONY RD
CITY-ST-ZIP HUDSON FL 34669

TITLE T
NAME SHARAY, MICHAEL ☐ Delete
STREET ADDRESS 6941 NOVA SCOTIA DR
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE D
NAME LEMEKE, BETH ☐ Delete
STREET ADDRESS 7015 FIRESIDE DR
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE D
NAME SHARAY, STACY ☐ Delete
STREET ADDRESS 7110 LAKE MAGNOLIA DR
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE D ☒ Delete
NAME JOHNSON, ALICE
STREET ADDRESS 5702 MONTANA AVE
CITY-ST-ZIP NEW PORT RICHEY FL 34652

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PDS ☒ Change ☐ Addition
NAME Maleka "Mel" Allen
STREET ADDRESS 9361 Star Trail
CITY-ST-ZIP New Port Richey, FL 34654 *name & address change / not a person change*

TITLE V ☒ Change ☐ Addition
NAME Ethan Allen
STREET ADDRESS 9361 Star Trail
CITY-ST-ZIP New Port Richey, FL 34654 *address change*

TITLE T ☒ Change ☐ Addition
NAME Michael Sharay *name spelling corrected*
STREET ADDRESS 6941 Nova Scotia Dr.
CITY-ST-ZIP Port Richey, FL 34668

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

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

TITLE D ☐ Change ☒ Addition
NAME Roy Sharay
STREET ADDRESS 6941 Nova Scotia Dr.
CITY-ST-ZIP Port Richey, FL 34668

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 617, 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:

Maleka "Mel" Allen

3-15-02

727-697-1700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)