

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000983

1. Entity Name

ANIMALS INC.

Principal Place of Business

2231 ENGLEWOOD ROAD
ENGLEWOOD FL 34223

Mailing Address

2231 ENGLEWOOD ROAD
ENGLEWOOD FL 34223

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

65-0996252

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEVINE, JAMES C
2231 ENGLEWOOD ROAD
ENGLEWOOD FL 34223

7. Name and Address of New Registered Agent

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 fee if applicable.

(NOTE: Registered Agent signature required when re/registrating)

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 | P/V/P/D | <input type="checkbox"/> Delete |
| NAME | JAMES C. DEVINE | |
| STREET ADDRESS | 2231 ENGLEWOOD RD | |
| CITY-ST-ZIP | ENGLEWOOD, FL 34223 | |
| TITLE | S/T/D | <input type="checkbox"/> Delete |
| NAME | JANICE L. DEVINE | |
| STREET ADDRESS | 2231 ENGLEWOOD RD | |
| CITY-ST-ZIP | ENGLEWOOD, FL 34223 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | RITA M. CRAFT | |
| STREET ADDRESS | 1313 LEAWOOD RD | |
| CITY-ST-ZIP | ENGLEWOOD, FL 34223 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | JAMES C. DEVINE | |
| STREET ADDRESS | 2231 Englewood Rd | |
| CITY-ST-ZIP | Englewood, FL 34223 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | JANICE L. DEVINE | |
| STREET ADDRESS | 2231 Englewood Rd. | |
| CITY-ST-ZIP | Englewood FL 34223 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|--|
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES C. DEVINE, PRES. 3/27/01

Date

(941-)

475-5924

Daytime Phone #

FILED
Apr 12, 2001 8:00 am
Secretary of State

03-29-2001 90379 036 *****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)