

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000001748

FILED
May 01, 2002 8:00 AM
Secretary of State

Entity Name: THE SOCIETY FOR PREVENTION OF CRUELTY TO PATIENTS, INC.

Current Principal Place of Business:

4914 34TH AVENUE, W.
BRADENTON, FL 34209

New Principal Place of Business:

Current Mailing Address:

4914 34TH AVENUE, W.
BRADENTON, FL 34209

New Mailing Address:

FEI Number: 65-0996420

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PUETT, BARRY
4914 34TH AVENUE, W.
BRADENTON, FL 34209

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: TISDALE, ROBERT
Address: 4914 34TH AVE., W.
City-St-Zip: BRADENTON, FL 34209

Title: DVS () Delete
Name: STRONSTORFF, CAROL
Address: 1840 RESTFUL DR.
City-St-Zip: BRADENTON, FL 34207

Title: D () Delete
Name: RUF, WALTER
Address: ABTEISTR. 38 56170-BENDORF, GERMANY
City-St-Zip: BRADENTON, FL 34207

Title: D/P () Delete
Name: STRONSTORFF, ALBERT
Address: 809 OLIVE ST.
City-St-Zip: FLORENCE, NJ 08518

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL STRONSTORFF

DVS

05/01/2002

Electronic Signature of Signing Officer or Director

Date