2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
05-28-2002 91775 014 ****61.25

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DOCUMENT # N00000002063

1. Entity Name

PENNIES TO PROTECT POLICE DOGS, INC.

B0118436

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~598 ZINNIA DR.~~ ~~CASSELBERRY FL 32707~~ 2750 Maureen Dr Deltona, Fl 32725	~~508 ZINNIA DR.~~ ~~CASSELBERRY FL 32707~~ 2750 Maureen Dr Deltona Fl 32725
2. Principal Place of Business 2750 Maureen Dr	3. Mailing Address 2750 Maureen Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Deltona Fl	City & State Deltona Fl
Zip 32725 Country Volusia	Zip 32725 Country Volusia

4. FEI Number 65-0992084 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OWEN, RICHARD B ESQ. 5250 S. U.S. HWY. 17-92 CASSELBERRY FL 32707	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 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HILLMAN, STACEY 508 ZINNIA DR. CASSELBERRY FL 32707	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 2750 Maureen Dr Deltona Fl 32725
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FANNIN, CHRISTOPHER L 3529 SHIRLEY DR. APOPKA FL 32709	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 100 Bush Blvd Sanford Fl 32773
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD MOORE, JACKIE 508 ZINNIA DR. CASSELBERRY FL 32707	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 2750 Maureen Dr Deltona, Fl 32725
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LABRUSCIANO, MARTIN S 4195 SOUTH HWY. 17-92 CASSELBERRY FL 32707	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ Change ☑ Addition Jim Ruf 4195 S Hwy 17-92 Casselberry Fl 32707
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GALLOWAY, ROCK 112 EAST 6TH ST APOKA FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ Change ☑ Addition Howard Day 100 Bush Blvd Sanford, Fl 32773
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REHN, PAUL 2393 APPY LN APOPKA FL 32712	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ Change ☑ Addition Charlie Aycock 400 Simpson Rd Kissimmee Fl 34744

CR2E037 (9/01)

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: Jackie Moore **DATE REQUIRED** 4/30/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #