

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002981

1. Entity Name

CHIHUAHUA RESCUE AND TRANSPORT, INC.

Principal Place of Business

1932 WOODRING RD.
SANIBEL FL 33957-3433

Mailing Address

1932 WOODRING RD.
SANIBEL FL 33957-3433

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

65-1018866

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

BALL, DIXIE LEE
1420 SE 47TH ST.
CAPE CORAL FL 33904

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 SAVARESE, SUSAN 4611 FORTHBRIDGE DR. HOUSTON TX 77084	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PITRE, ROBIN 2709 CANTERBURY ST. EULESS TX 76093	☒ Delete <i>change address</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BISSELL, "LECLAIR" 1932 WOODRING RD. SANIBEL FL 33957-3433	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VARCO, DEBORAH 3219 BURGANDY RD DECATUR GA 30033	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLOMON, TERESA S 2350 JUNE SPRINGS DR. MARIETTA GA 30008	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HASENSTAB, LAURA 1407 CHASE AVE CINCINNATI OH 45223	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUTH WYNNE 10900 REXDALE AVE PORT RICHIE, FL 34668	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORDANA O'BANNON 4425 29TH AVE W SEATTLE, WA 98199	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYNNIE BUNTEN 11489 S. FOSTER RD. SAN ANTONIO, TX 78223	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBIN PITRE 1714 ALTACREST DR GRAPEVINE TX 76051	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

SIG: [Signature]

1/8/02 944-472-5484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)