2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0000004304

1. Entity Name

ALLEN BABCOCK DOG & CAT RESCUE INC.

| WE THE |
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FILED Jan 13, 2003 8:00 am § Secretary of State

01-13-2003 90832 008 ****70.00

| | | | | | N.S. | | | | | | |
|--|---------------------------------------|---|---|---|-------------------|--------------------------------------|---|--------------------|----------------------------|--------------|--|
| 2499 NE 136 | ace of Busines ST. I BEACH FL 3 | | Mailing Address P.O. BOX 381901 MIAMI FL 33238-1901 | | | | | | | | |
| 2. Principal | Place of Busin | ness | 3. Mailing Address | | | | | | | | |
| Suite, Ap | ot. #, etc. | | Suite, Apt. #, etc. | | | ☐ CHECK HERE IF MAKING CHANGES | | | | | |
| City & St | ate | · | City & State | | | 4. FEI Number 65-1030265 Applied For | | | | | |
| Zip | (40,41,114 | Country | Zip | Country | 5. (| Certificate of St | atus Desired | \$8.75 | Not Applicab Additional | le | |
| | 6. Name | and Address of Current F | Registered Agent | <u> </u> | | | | Fee Rec | quirea | _ | |
| | | | giotei ou Algent | Name | /. N | ame and Add | ress of New Reg | istered Agent | · | _ | |
| | CK, ALLEN E 136 ST. | | | | ress (P.O. Bo | nx Number is N | lot Acceptable) | | | _ | |
| | MIAMI BEAC | | | | | | | | | \dashv | |
| | | | City | Zip Code | | | | | | | |
| 8. The above the obligation of | e named entity ations of registe | submits this statement for ered agent. | the purpose of changing its | registered office or reg | gistered age | ent, or both, in | the State of Florid | a. I am familiar w | ith, and accept | 1 | |
| SIGNATURE | | | | | | | | | | | |
| | Signature, typed o | or printed name of registered agent an | d title if applicable. (NOTE | : Registered Agent signature re | equired when rein | nstating) | | DATE | | | |
| - A | | FEE \$ \$61.25 | | 9. Election Campaign Financing Trust Fund Contribution. | | | \$5.00 May Be Added to Fees Make Check Payable to Florida Department of State | | | | |
| 10. | | OFFICERS AND DIRE | CTORS | 11. | ADDITIO | ONS/CHANGE | S TO OFFICERS | AND DIRECTOR | 211/140 | | |
| TITLE | PD BABCOCK, | ALLER | ☐ Delete | TITLE | 7,02,111 | 01107011711102 | OTO OTTICENS | Chan | | 75 | |
| NAME STREET ADDRESS | | ACLEN BOTH STREET | | NAME | | | | | | 10/01 | |
| CITY-ST-ZIP | | | | STREET ADDRESS | | | | | | 12 | |
| | MIAMI FL 3 | 3101 | | CITY-ST-ZIP | | | | | | F037 | |
| TITLE | | ANIICE | ☐ Delete | TITLE | | | | ☐ Chang | je 🔲 Addition | $\neg \land$ | |
| NAME STREET ADDRESS | MILBYER, J | ANICE IST STREET | - | NAME | | _ | | | | 0 | |
| CITY-ST-ZIP | | | | STREET ADDRESS | | | ~ | | | | |
| | TD LAGE | DERDALE FL 33315 | | CITY-ST-ZIP | | | | | | | |
| TITLE | KITE, VALE | DIE | ☐ Delete | TITLE | | | | ☐ Chang | e 🔲 Addition | | |
| NAME STREET ADDRESS | | | | NAME | | | | | | | |
| CITY-ST-ZIP | | 12ND COURT | | STREET ADDRESS | | | | | | | |
| | OPA LOCKA | 1 FL 33055 | · | CITY-ST-ZIP | | | | | | 1 | |
| TITLE | | | ☐ Delete | THLE | | ' | | Chang | e | ┪ | |
| NAME | | | | NAME | | | | | o | | |
| STREET ADDRESS CITY-ST-ZIP | | | | STREET ADDRESS | | | | | | | |
| | L | | <u> </u> | CITY-ST-ZIP | | | | | | | |
| TITLE | | | ☐ Delete | TITLE | | | | Change | Addition | 1 | |
| NAME | | | | NAME | | | | 0.669 | | | |
| STREET ADDRESS City-St-Zip | | | | STREET ADDRESS | | | | | | İ | |
| | | | | CITY-ST-ZIP | _ | | | | | | |
| TITLE | | | ☐ Delete | TITLE | | | | ☐ Change | Addition | 1 | |
| NAME | | | | NAME | | | | ш опанув | L Addition | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | | | | | |
| 2 I hereby c | ortifu that the in | formation and the second | 400 | | | | | | | 1 | |

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

SIGNATURE: 4

MAEGEN BABCOCK)