

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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90191 036 \*\*\*\*61.25

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**DOCUMENT # N00000004398**

1. Entity Name  
**HAPPY TAILS ANIMAL RESCUE, INC.**



Principal Place of Business  
**1034 SHIPWATCH DR  
SATELLITE ADOPTIONS  
JACKSONVILLE FL 32225**

Mailing Address  
**1034 SHIPWATCH DR  
JACKSONVILLE FL 32225**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business *Satellite*  
*Space Fronts & Adoption*

3. Mailing Address,  
*1034 SHIPWATCH DR E*

Suite, Apt. #, etc. *N/A*

City & State *JACKSONVILLE FL* City & State *JACKSONVILLE FL* 4. FEI Number **59-3666312** Applied For  
Not Applicable

Zip *32225* Country *USA* Zip *32225* Country *USA* 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**BEECROFT, PHYLLIS L  
1034 SHIPWATCH DR E  
JACKSONVILLE FL 32225**

7. Name and Address of New Registered Agent  
Name *N/A*  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Phyllis L. Beecroft* *PHYLLIS L. BEECROFT*  
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 Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BONDI, GAIL</b> <b>11374 WEEDEN ISLAND WAY</b> <b>JACKSONVILLE FL 32225</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>LINDA WALKER</b> <b>1376 MALVERN AVE</b> <b>JACKSONVILLE FL 32211</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <input type="checkbox"/> Delete <b>KLOTH, DEBRA</b> <b>2541 PAULA AVE</b> <b>JACKSONVILLE FL 32207</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GAIL BONDI VPD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>11374 WEEDEN ISLAND WAY</b> <b>JACKSONVILLE, FL 32225</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>BEECROFT, PHYLLIS L</b> <b>1034 SHIPWATCH DR E</b> <b>JACKSONVILLE FL 32207</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>LYNNE HIGHFILL</b> <b>2751 CANYON FALLS DR.</b> <b>JACKSONVILLE, FL 32224</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>WARE, BETTY J</b> <b>77 WAKEFIELD</b> <b>NEWNAN GA 30265</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SANDRA GROSS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>4654 BANDHEAD AVE</b> <b>JACKSONVILLE, FL 32207</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ELAINE ANDERSON</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>11344 WOODSONG LOOP N</b> <b>JACKSONVILLE, FL 32225</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Phyllis L. Beecroft* *PHYLLIS L. BEECROFT* *April 16, 03* *904-220-9086* *904-708-0827*

CR2E037 (10/02)