

FILED
Sep 17, 2001 8:00 am
Secretary of State

06-18-2001 90001 047 ****66.25
09-17-2001 90147 048 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007065

1. Entity Name

TELESIS ANIMAL RESCUE, INC.

LA

Principal Place of Business

3319 36TH AVENUE EAST
PALMETTO FL 34221

Mailing Address

3319 36TH AVENUE EAST
PALMETTO FL 34221

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

65-1065256

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HECKER, SUSAN BARRETT
200 SOUTH ORANGE AVENUE
SARASOTA FL 34236

7. Name and Address of New Registered Agent

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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DP
STREET ADDRESS	PABALAN, BETHANY
CITY-ST-ZIP	3319 36TH AVENUE EAST PALMETTO FL 34221
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DT
STREET ADDRESS	CLARK, JUDY
CITY-ST-ZIP	3319 36TH AVENUE EAST PALMETTO FL 34221
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D
STREET ADDRESS	BROWN, ELIZABETH DVM
CITY-ST-ZIP	3319 36TH AVENUE EAST PALMETTO FL 34221
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D
STREET ADDRESS	LUPE, MARY
CITY-ST-ZIP	3319 36TH AVENUE EAST PALMETTO FL 34221
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D
STREET ADDRESS	LOCKHARD, MARCY
CITY-ST-ZIP	3319 36TH AVENUE EAST PALMETTO FL 34221
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

BETHANY PABALAN

Sept 11, 01 941-7228928

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)