

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000007065**

1. Entity Name

TELESIS ANIMAL RESCUE, INC.**FILED**
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90122 025 ****61.25

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1065256

Applied For

Not Applicable

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

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 \$61.259. 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	DP	<input type="checkbox"/> Delete
NAME	PABALAN, BETHANY	
STREET ADDRESS	3319 36TH AV EAST	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	DT	<input type="checkbox"/> Delete
NAME	CLARK, JUDY	
STREET ADDRESS	3319 36 AV EAST	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, ELIZABETH	
STREET ADDRESS	3319 36TH AVE EAST	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUPE, MARY	
STREET ADDRESS	3319 36 AVE EAST	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOCKHARD, MARCY	
STREET ADDRESS	3319 36 AV EAST	
CITY-ST-ZIP	PALMETTO FL 34221	
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 type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)