## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N0100000986

1. Entity Name

OLD ENGLISH SHEEPDOG RESCUE OF FLORIDA, INC.

**FILED** May 03, 2002 8:00 am Secretary of State

05-03-2002 90027 044 \*\*\*\*70.00

179457A Not Applicable	4. FEI Number 31 - 179	Ailing Address  B S W 87TH AVENUE DPER CITY FL 33328  Mailing Address  Suite, Apt. #, etc.  City & State	5128 S W 8 COOPER CI  3. Mailing A Suite, A	AVENUE FL 33328 lace of Business	Principal Place of Bus 5128 S W 87TH AVENU COOPER CITY FL 3332	
DO NOT WRITE IN THIS SPACE  ber Applied For Not Applicable  of Status Desired S8.75 Additional Fee Required	4. FEI Number 31 - 179	PPER CITY FL 33328  Mailing Address  Suite, Apt. #, etc.	3. Mailing A	FL 33328 lace of Business	5128 S W 87TH AVENU COOPER CITY FL 3332	
DO NOT WRITE IN THIS SPACE  ber Applied For Not Applicable  of Status Desired S8.75 Additional Fee Required	4. FEI Number 31 - 179	Suite, Apt. #, etc.	Suite, A	<u> </u>	•	
DO NOT WRITE IN THIS SPACE    Applied For   Not Applicable	4. FEI Number 31 - 179	Suite, Apt. #, etc.	Suite, A	<u> </u>		
DO NOT WRITE IN THIS SPACE    Applied For   Not Applicable	4. FEI Number 31 - 179	<u> </u>		<del></del>	2. Principal Place of Business	
ber Applied For Not Applied For Not Applicable e of Status Desired S8.75 Additional Fee Required	4. FEI Number 31-179	City & State	City & S	Suite, Apt. #, etc.		
e of Status Desired  \$8.75 Additional Fee Required	31-179	•			City & State	
e of Status Desired \$8.75 Additional Fee Required	31-1794573 Not Ap		ntry Zip	Country	Zip	
d Address of New Registered Agent	5. Certificate of State	Country	.			
	7. Name and Addre		ress of Current Registered Ag	6. Name and Address of Ci		
	Name	Name	فنوف فالمادة			
per is Not Acceptable)	Street Address (P.O. Box Number is No	Street Ad		STEPHEN M	PRIDAVKA, STEPH 5128 S W 87TH A	
				TY FL 33328	COOPER CITY FL	
Zip Code	City	City				
FL	office or registered agent, as both in the	rpose of changing its registered office or r	his statement for the purpose of	amed entity submits this statem	8. The above named e	
Make Check Payable to Department of State	ncing \$5.00 May Be Added to Fees	Election Campaign Financing	S \$61.25 9.	gnature, typed or printed name of registered		
		<u> </u>	ICERS AND DIRECTORS	OFFICERS AN	10.	
ANGES TO OFFICERS AND DIRECTORS IN 10	ADDITIONS/CHANGES	Delete TITLE			ITLE D	
☐ Change ☐ Addition		NAME	N M	RIDAVKA, STEPHEN M 128 S W 87TH AVENUE	PRIDAVA	
		STREET ADDRESS CITY-ST-ZIP		OOPER CITY FL 33328		
☐ Change ☐ Addition		☐ Delete TITLE		· · · · · · · · · · · · · · · · · · ·	TLE D	
☐ Change ☐ Addition		NAME	EA	RIDAVKA, CANDACE A		
,	JRESS 1		NI IE	128 S W 87TH AVENUE	TREET ADDRESS 5128 S V	
Ì	P	STREET ADDRESS CITY-ST-ZIP	NUE   <u> 328</u>	128 S W 87TH AVENUE DOPER CITY FL 33328	TY-ST-ZIP COOPER	
	P		1328	128 S W 87TH AVENUE DOPER CITY FL 33328	TY-ST-ZIP COOPER TLE D	
☐ Change ☐ Addition		CITY-ST-ZIP  TITLE  NAME  NAME	328	128 S W 87TH AVENUE DOPER CITY FL 33328 ILLIS, W. WORDEN	TY-ST-ZIP DOPER  TLE D WILLIS, V REET ADDRESS 5872 N V	
☐ Change ☐ Addition	RESS	CITY-ST-ZIP TITLE	328 7	128 S W 87TH AVENUE DOPER CITY FL 33328	TY-ST-ZIP TREET ADDRESS TY-ST-ZIP TLE TLE TREET ADDRESS TY-ST-ZIP	
The second secon	RESS	CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	3228 / /- /-1239	128 S W 87TH AVENUE DOPER CITY FL 33328 ILLIS, W. WORDEN 172 N W 75TH WAY NRKLAND FL 33067-1239	TY-ST-ZIP	
☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition	RESS	CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS	1010Ne, Barbara	128 S W 87TH AVENUE DOPER CITY FL 33328 ILLIS, W. WORDEN 172 N W 75TH WAY NRKLAND FL 33067-1239 CER BOLFOL MCLON 901 CENTROL AVE	TY-ST-ZIP TO WILLIS, V REET ADDRESS TY-ST-ZIP TO WILLIS, V PARKLAN TY-ST-ZIP ME REET ADDRESS TY-ST-ZIP  REET ADDRESS TY-ST-ZIP  PARKLAN TY-ST-ZIP TO THE TO	
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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 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