

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

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90056 048 \*\*\*\*70.00

0034491

**DOCUMENT # N01000000986**

1. Entity Name

**OLD ENGLISH SHEEPDOG RESCUE OF FLORIDA, INC.**



Principal Place of Business

**5128 S W 87TH AVENUE  
COOPER CITY FL 33328**

Mailing Address

**5128 S W 87TH AVENUE  
COOPER CITY FL 33328**

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 **31-1794572**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

**11027569**



**6. Name and Address of Current Registered Agent**

**PRIDAVKA, STEPHEN M  
5128 S W 87TH AVENUE  
COOPER CITY FL 33328**

**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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE **D** ☐ Delete  
NAME **PRIDAVKA, STEPHEN M**  
STREET ADDRESS **5128 S W 87TH AVENUE**  
CITY-ST-ZIP **COOPER CITY FL 33328**

TITLE **D** ☐ Delete  
NAME **PRIDAVKA, CANDACE A**  
STREET ADDRESS **5128 S W 87TH AVENUE**  
CITY-ST-ZIP **COOPER CITY FL 33328**

TITLE **D** ☐ Delete  
NAME **MALONE, BARBARA J**  
STREET ADDRESS **901 CENTRAL AVENUE S.E.**  
CITY-ST-ZIP **PALM BAY FL 32909**

TITLE **D** ☐ Delete  
NAME **TOLOME0, GWEN E**  
STREET ADDRESS **5964 NW 16TH COURT**  
CITY-ST-ZIP **SUNRISE FL 33313**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED** **A. Pridakva** **04/28/03** **954434-4970**

CR2E037 (10/02)