

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

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91325 028 ****61.25

DOCUMENT *NO1000031*

1. Entity Name
HAPPY TAILS HABITAT, INC

DO NOT WRITE IN THIS SPACE

668072

2. Principal Place of Business
5709 HAPPY TAILS LANE

3. Mailing Address
5709 HAPPY TAILS LANE

DO NOT WRITE IN THIS SPACE

City & State
LUTZ FL

City & State
LUTZ FL

Zip
33558

Country
USA

Zip
33558

Country
USA

4. FEI Number
59-3700909

Applied For
☐ Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
YVONNE F SMITH.

Street Address (P.O. Box Number is Not Acceptable)

5709 HAPPY TAILS LANE

City
LUTZ

FL

Zip Code
33558

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

FEE IS \$61.25
Initial or Amended UBR

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 NAME STREET ADDRESS CITY - ST - ZIP	<i>Director</i> <i>Yvonne F Smith.</i> <i>5709 HAPPY TAILS LANE</i> <i>LUTZ FL 33558</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Board.</i> <i>Jeanne Norton.</i> <i>17622 Pasture Rd</i> <i>ODESSA FL 33556</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Board</i> <i>Jack Fley</i> <i>13613 Highway Way</i> <i>Lampa FL 33624</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Board</i> <i>BARBARA Drake</i> <i>6917 Aqueduct Terr</i> <i>ODESSA FL 33556</i>
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Yvonne F Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)