

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2002 8:00 am**  
**Secretary of State**

004508

**DOCUMENT # N01000001511**

1. Entity Name

**DACHSHUND RESCUE OF FLORIDA, INC.**

03-20-2002 90231 018 \*\*\*\*70.00

Principal Place of Business

Mailing Address

1608 LAWTON LANE  
 LAKELAND FL 33803-3431

1608 LAWTON LANE  
 LAKELAND FL 33803-3431

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**EATON PARK, FL**

Zip

Country

Zip

Country

**33840-0656**

**USA**

4. FEI Number

**59-3704577**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HYNES, SCOTT**  
**2822 BANYAN LANE**  
**LAKELAND FL**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                               |                                 |
|----------------|-------------------------------|---------------------------------|
| TITLE          | TT                            | <input type="checkbox"/> Delete |
| NAME           | <b>BARR, BARBARA</b>          |                                 |
| STREET ADDRESS | <b>1608 LAWTON LANE</b>       |                                 |
| CITY-ST-ZIP    | <b>LAKELAND FL 33803-3431</b> |                                 |
| TITLE          | T                             | <input type="checkbox"/> Delete |
| NAME           | <b>HYNES, SCOTT</b>           |                                 |
| STREET ADDRESS | <b>2822 BANYAN LANE</b>       |                                 |
| CITY-ST-ZIP    | <b>LAKELAND FL 33805-8553</b> |                                 |
| TITLE          | TP                            | <input type="checkbox"/> Delete |
| NAME           | <b>HYNES, STEPHANIE</b>       |                                 |
| STREET ADDRESS | <b>2822 BANYAN LANE</b>       |                                 |
| CITY-ST-ZIP    | <b>LAKELAND FL 33805-8553</b> |                                 |
| TITLE          | V                             | <input type="checkbox"/> Delete |
| NAME           | <b>MARCH, PATRICIA</b>        |                                 |
| STREET ADDRESS | <b>4626 DAIL ROAD</b>         |                                 |
| CITY-ST-ZIP    | <b>LAKELAND FL 33813</b>      |                                 |
| TITLE          | S                             | <input type="checkbox"/> Delete |
| NAME           | <b>COOK, JANET</b>            |                                 |
| STREET ADDRESS | <b>485 ALETA AVE</b>          |                                 |
| CITY-ST-ZIP    | <b>MARY ESTHER FL 32569</b>   |                                 |
| TITLE          |                               | <input type="checkbox"/> Delete |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |

|                |  |   |
|----------------|--|---|
| 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 |  |   |
| CITY-ST-ZIP    |  |   |
| 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 |  |   |
| CITY-ST-ZIP    |  |   |
| 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/6/02** **863-660-9083**

CR2E037 (9/01)