

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 05, 2002 8:00 am
Secretary of State

06-05-2002 90410 019 ****61.25

DOCUMENT # N01000004554

1. Entity Name

SHIH TZU AND FURBABY RESCUE, INC.

Principal Place of Business

1059 MIMOSA COVE CT E
ATLANTIC BEACH FL 32233

Mailing Address

1059 MIMOSA COVE CT E
ATLANTIC BEACH FL 32233

2. Principal Place of Business

1042-E Liberty Circle
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 330200
Suite, Apt. #, etc.

City & State

Atlantic Beach FL

Zip
32233

Country
USA

City & State

Atlantic Beach FL

Zip
32233

Country
USA

EIN

4. FEI Number

59-373-0443

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLEY, MEREDITH J
1059 MIMOSA COVE CT E
ATLANTIC BEACH FL 32233

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

Meredith Coley Director/Chair

6-1-02

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

| | |
|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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:

Meredith Coley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-1-02

904-242-0996

Date

Daytime Phone #

CR2E037 (9/01)