

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

0000003

DOCUMENT # NO1000004554

1. Entity Name

SHIH TZU AND FURBABY RESCUE, INC.



FILED

03 MAY 19 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

1042 E LIBERTY CIR
ATLANTIC BEACH FL 32233

Mailing Address

PO BOX 330200
ATLANTIC BEACH FL 32233

2. Principal Place of Business

2059 Selva Marina Dr.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Atlantic Beach FL

City & State

4. FEI Number 59-3730443

Applied For

Not Applicable

Zip

32233

Country

USA

Zip

Country

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 Coley, Meredith J.

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

2059 Selva Marina Drive

City

Atlantic Beach

FL

Zip Code

32233

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

800019326908

05/19/03--01088--009 **70.00

5-17-03

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 | PD | <input type="checkbox"/> Delete |
| NAME | COLEY, MEREDITH | |
| STREET ADDRESS | 2059 SELVA MARINA DR | |
| CITY-ST-ZIP | ATLANTIC BEACH FL 32233 | |
| TITLE | DV | <input checked="" type="checkbox"/> Delete |
| NAME | VANCONEY, JANA | |
| STREET ADDRESS | 156 BETHESDA CHURCH RD #216 | |
| CITY-ST-ZIP | LAWRENCEVILLE GA 33044 | |
| TITLE | DS | <input type="checkbox"/> Delete |
| NAME | FERNANDEZ, LORI | |
| STREET ADDRESS | 5879 E RIVERSIDE DR | |
| CITY-ST-ZIP | GLEN SAINT MARY FL 32040 | |
| TITLE | DT | <input type="checkbox"/> Delete |
| NAME | EVANS, SHANNON | |
| STREET ADDRESS | 1042 E LIBERTY CIR | |
| CITY-ST-ZIP | ATLANTIC BEACH FL 32233 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | FLOYD, RHONDA | |
| STREET ADDRESS | 4461 TRAVELERS RD | |
| CITY-ST-ZIP | JACKSONVILLE FL 32210 | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | ARNDT, KAREN | |
| STREET ADDRESS | 816 EAST DOUGLAS | |
| CITY-ST-ZIP | GOSHEN IN 46526 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------------|---|
| TITLE | DV | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Lori Fernandez | |
| STREET ADDRESS | 5879 E. Riverside Drive | |
| CITY-ST-ZIP | Glen Saint Mary FL 32040 | |
| TITLE | DS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Rhonda Floyd | |
| STREET ADDRESS | 4461 TRAVELERS RD | |
| CITY-ST-ZIP | JACKSONVILLE FL 32233 | |
| TITLE | DT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | EUPHA HUNT | |
| STREET ADDRESS | 7644 King Royce Rd | |
| CITY-ST-ZIP | JACKSONVILLE FL 32244 | |
| TITLE | JANA | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JANA ADAMS | |
| STREET ADDRESS | 156 Bethesda Church Rd #216 | |
| CITY-ST-ZIP | Lawrenceville GA 33044 | |
| TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Lee Tontorici | |
| STREET ADDRESS | 10 Lochmore Terrace | |
| CITY-ST-ZIP | Charleston, SC 29414 | |
| 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/03

Date

Daytime Phone #

CR2E037 (10/02)