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

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90397 012 ****61.25

DOCUMENT # N01000005674

1. Entity Name
EARS- Endangered Animal Rescue Sanctuary, Inc

DO NOT WRITE IN THIS SPACE

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2615 East Highway 318	P.O. Box 159
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Citra FL	City & State: Citra FL
Zip: 32113 Country: Marion	Zip: 32113 Country: Marion

4. FEI Number: 59-3741622 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Jaye Perrett
Street Address (P.O. Box Number is Not Acceptable): 2615 East Highway 318
City: Citra **FL** Zip Code: 32113

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	President - Director
NAME	Jaye Perrett
STREET ADDRESS	2615 E Hwy 318
CITY-ST-ZIP	Citra, FL 32113
TITLE	Vice - President - Director
NAME	Gail A. Bowen
STREET ADDRESS	2615 E. Hwy 318
CITY-ST-ZIP	Citra, FL 32113
TITLE	Secry / Treas - Director
NAME	Christina Bowen
STREET ADDRESS	2615 E Hwy 318
CITY-ST-ZIP	Citra, FL 32113
TITLE	
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CITY-ST-ZIP	

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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jaye Perrett Jaye Perrett Pres 4/15/02 352/595-2959