

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N01000006055**

1. Entity Name

ANIMAL ASSISTANCE SPECIALISTS, INC.**FILED****Jun 19, 2002 8:00 am**
Secretary of State

05-27-2002 90268 026 ****61.25

UN413

Principal Place of Business
6658 GRACE ST. NW
MILTON FL 32570

Mailing Address

PO BOX 164
MILTON FL 32572

2. Principal Place of Business

3. Mailing Address

P.O. Box 934

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Milton, FL

Zip

Country

Zip

Country

32572

USA

4. FEI Number

59-3741270

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

Name

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

City

FL

Zip Code

ABELING, JO (JODI)
6658 GRACE ST, NW
MILTON FL 32570

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 \$61.259. 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
NAME
STREET ADDRESS
CITY-ST-ZIP

DCP
ABELING, JO (JODI)
PO BOX 164
MILTON FL 32572-0164

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DV
ABELING, GREGORY
PO BOX 164
MILTON FL 32572-0164

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
RISLEY, ANNE
1450 BELL CREEK RD
JAY FL 32565

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ 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:

Jo (Jodi) Abeling (Jodi) Abeling 4-25-02 850-983-4776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)