

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90039 032 ****61.25

DOCUMENT # N01000006873

1. Entity Name

PAWS OF STEINHATCHEE, INC.

Principal Place of Business

**1634 PINE TREE RD
 STEINHATCHEE FL 32359**

Mailing Address

**1634 PINE TREE RD
 STEINHATCHEE FL 32359**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3748716

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BAINS, KATHERINE
 1634 PINE TREE RD
 STEINHATCHEE FL 32359**

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

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 **D** ☐ Delete
 NAME **BAINS, KATHERINE**
 STREET ADDRESS **1634 PINE TREE RD**
 CITY-ST-ZIP **STEINHATCHEE FL 32359**

TITLE **D** ☐ Delete
 NAME **GLASS, PEGGY**
 STREET ADDRESS **P O BOX 440**
 CITY-ST-ZIP **STEINHATCHEE FL 32359**

TITLE **D** ☒ Delete
 NAME **WHITE, SANDY**
 STREET ADDRESS **P O BOX 544**
 CITY-ST-ZIP **STEINHATCHEE FL 32359**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **S SHARON Fritsch**
 STREET ADDRESS **P.O. BOX 512**
 CITY-ST-ZIP **Steinhatchee, FL 32359**

TITLE ☐ Change ☒ Addition
 NAME **LEA QUIETTE**
 STREET ADDRESS **HCI BOX 40**
 CITY-ST-ZIP **Salem, FL 32356-9704**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-2002 352-498-3463

Date

Daytime Phone #

CR2E037 (9/01)