

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

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90071 018 ****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

3. Mailing Address

P.O. Box 914

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Steinhatchee FL

Zip

Country

32359

Country

USA

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. 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

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 **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 **S** ☐ Delete
NAME **FRITSCH, SHARON**
STREET ADDRESS **PO BOX 512**
CITY-ST-ZIP **STEINHATCHEE FL 32359**

TITLE **T** ☐ Delete
NAME **QULETTE, LEA**
STREET ADDRESS **HCI BOX 40**
CITY-ST-ZIP **SALEM FL 32356-9704**

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 **P** ☐ Change ☒ Addition
NAME **Betsy Davis**
STREET ADDRESS **463 Kings Creek Circle**
CITY-ST-ZIP **Steinhatchee FL 32359**

TITLE **T** ☐ Change ☒ Addition
NAME **Betty Davis**
STREET ADDRESS **463 Kings Creek Circle**
CITY-ST-ZIP **Steinhatchee FL 32359**

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

TITLE **D** ☒ 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: **Betsy Davis**

CR2E037 (10/02)