3/24

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State
03-24-2002 90060 020 ****61.25

DOCUMENT # N01000008266

1. Entity Name

NO MORE HOMELESS PETS, INC.

Principal Place of Business	Mailing Address
3400 NE 53RD AVE GAINESVILLE FL 32609	3400 NE 53RD AVE GAINESVILLE FL 32609

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 02-0536968 ☐ 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
CALIGIURI, RANDY 3400 NE 53RD AVE GAINESVILLE FL 32609	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P - D RICHMOND, SANDI 2029 NW 6TH ST GAINESVILLE FL 32609-3527	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SHORES, STEPHEN - D 3811 NW 13th ST GAINESVILLE, FL 32609	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V - D LEVY, JULIE P O BOX 100126 GAINESVILLE FL 32610	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	HOLLOWAY, SHERI - D COLLEGE OF VET-MED. BOX 100105 GAINESVILLE, FL 32610	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S - D PEGELOW, MIKE 2660 SW 38TH PLACE, APT D GAINESVILLE FL 32608-7065	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRENHOLM, LAMRIE - D P.O. BOX 1743 MELROSE, FL 32666	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T - D CALIGIURI, RANDY 3400 NE 53RD AVE GAINESVILLE FL 32609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3/5/02 (352) 955-2333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #