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

Mailing Address

3027 WALTER ROAD

JACKSONVILLE FL 32254

## DOCUMENT # N01000008918

1. Entity Name

Principal Place of Business

3027 WALTER ROAD

JACKSONVILLE FL 32254

HALFPINT HAVEN BORZOI AND GREYHOUND ADOPTIONS, I NC.



**FILED** Mar 19, 2003 8:00 am Secretary of State

03-19-2003 90164 022 \*\*\*\*61.25

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Suite, Apt. #, etc.   CHECK HERE IF MAKING CHANGES   Apt. #, etc.   City & State   4. FEI Number 01-0578428   App.	/ HINN HIN HAN		
City & State  4. FEI Number 01-0578428  Applied  Sea Required  Fee Required  Fee Required  Fee Required  Fee Required  Fee Required  Fee Required  For Required  File Now: FEE IS \$61.25  FILE NOW: FEE IS \$61.25  P. Election Campaign Financing  Trust Fund Contribution  Title  NAME  SIRET ADDRESS  CITY-ST-2P  TITLE  D SIMPSON, MARY E  SIMPSON, MARY E  SIMPSON, MARY E  SIRET ADDRESS  CITY-ST-2P  TITLE  NAME  SIRET ADDRESS  CITY-ST-2P  TITLE  D Delete  TITLE  NAME  SO27 WALTER ROAD  JACKSONVILLE F1 32254  TITLE  NAME  SIRET ADDRESS  CITY-ST-2P  Delete  TITLE  NAME  SO27 WALTER ROAD  JACKSONVILLE F1 32254  TITLE  D Delete  TITLE  D Change  TITLE  Change  TITLE  D Change  TITLE  T			
Zip Country Zip Country Sip Country 5. Certificate of Status Desired S8.75 Adding Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name  SIMPSON, MARY E Sacrate Road Status Desired Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)  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, at the obligations of registered agent.  SIGNATURE Suprature, hyper period name of registered signature required when renestating)  Added to Fees  FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution. Added to Fees  Florida Department of St SIMPSON, MARY E SIMPSO	ΞS		
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  SIMPSON, MARY E  3027 WALTER ROAD  JACKSONVILLE FL 32254  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, an the obligations of registered agent.  SIGNATURE  FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.  NOTE: Registered Agent signature required when remaitance)  DATE  ### Address (P.O. Box Number is Not Acceptable)    City	Applied For		
SIMPSON, MARY E  3027 WALTER ROAD  JACKSONVILLE FL 32254  Signature. Upper Digitied name of registered Agent and title if applicable.  SIGNATURE  FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.  Title SIMPSON, MARY E  SIMPSON, MARY E  SIGNATURE  SIGNATURE  FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.  SIMPSON, MARY E  SIMPSON,			
SIMPSON, MARY E  3027 WALTER ROAD  JACKSONVILLE FL 32254  City  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, at the obligations of registered agent.  SIGNATURE  FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.  Defetoers AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  TITLE  DIAMANE SIMPSON, MARY E SIMPSON SIMPSON, MARY E SIMPSON SIMPSON, MARY E SIMPSON	<del></del>		
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, at the obligations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.  SIGNATURE  FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Added to Fees Florida Department of St NAME  SIMPSON, MARY E  SIRET ADDRESS CITY-ST-ZIP  JACKSONVILLE FL 32254  TITLE  MAME  MANSFIELD, WAYNE  MANSFIELD, WAYNE  STREET ADDRESS CITY-ST-ZIP  JACKSONVILLE FL 32254  CITY-ST-ZIP  JACKSONVILLE FL 32254  TITLE  D Delete			
SIGNATURE    Signature, type   Pignature			
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Trust Fund Contribution.    Added to Fees			
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TITLE  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 security and 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 security and 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 security	☐ Addition		

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

SIGNATURE: \_(

OSTINDEN REQUIRED

3-14-2003

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