

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000006828

FILED  
Apr 30, 2003  
Secretary of State

Entity Name: BOYD'S NEST AND RESCUE INC.

## Current Principal Place of Business:

13002 SW 203 AVE  
MIAMI,, FL 33196 US

## New Principal Place of Business:

## Current Mailing Address:

13002 SW 203 AVE  
MIAMI,, FL 33196 US

## New Mailing Address:

FEI Number: 30-0129907

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BOYD, SUSAN R  
13002 SW 203 AVE  
MIAMI, FL 33196 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BOYD, SUSAN R  
Address: 13002 SW 203 AVE  
City-St-Zip: MIAMI, FL 33196 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: WALTERS, JANICE C MRS  
Address: 693 ARBOR WAY  
City-St-Zip: AURORA, OH 44202 US

Title: ST ( ) Change (X) Addition  
Name: VARON, LYNN MRS  
Address: 10265 SW 128 CT  
City-St-Zip: MIAMI, FL 33186 US

Title: D ( ) Change (X) Addition  
Name: VIHLEN, FLORENCE MRS  
Address: 18880 SW 143 AVE  
City-St-Zip: MIAMI, FL 33177 US

Title: D ( ) Change (X) Addition  
Name: COCHRAN, GARY O MR  
Address: 5482 E HEISLEY RD  
City-St-Zip: MENTOR, OH 44060 US

Title: D ( ) Change (X) Addition  
Name: CAIN, DIANE MS  
Address: 14739 SW 84 TERRACE  
City-St-Zip: MIAMI, FL 33193 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN R BOYD

P

04/30/2003

Electronic Signature of Signing Officer or Director

Date