

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90025 044 ****61.25

DOCUMENT # N29990

1. Entity Name

DOGS AND CATS FOREVER, INC.

Principal Place of Business

Mailing Address

9550 CARLTON RD.
 PORT ST LUCIE FL 34988

2180 MIDTOWN RD
 C/O LAURA LINSCOTT
 PORT ST. LUCIE FL 34987-3401

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

65-0118134

Applied For

Not Applicable*

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LINSCOTT, LAURA
 2180 MIDTOWN RD
 PORT ST. LUCIE FL 34952

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DVP	<input type="checkbox"/> Delete
NAME	LINSCOTT, LAURA	
STREET ADDRESS	2180 MIDTOWN ROAD	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	THIBAUT, MURIEL	
STREET ADDRESS	708 ANITA ST	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	OSBORN, TERRI	
STREET ADDRESS	5 MARIPOSA LN	
CITY-ST-ZIP	PORT ST LUCIE FL 34952	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KIRKPATRICK, HELEN	
STREET ADDRESS	1249 NW SUN TERRACE, APT. D	
CITY-ST-ZIP	PORT ST LUCIE FL 34986	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Laura LinScott* **Laura LinScott** 4/12/00 (561) 335-2329
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CD29997/00001