

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2001 8:00 am**  
**Secretary of State**

05-12-2001 90042 018 \*\*\*\*61.25

**DOCUMENT # N29990**

1. Entity Name\*

**DOGS AND CATS FOREVER, INC.**

Principal Place of Business

9550 CARLTON RD.  
 PORT ST LUCIE FL 34988

Mailing Address

2180 MIDTOWN RD  
 C/O LAURA LINSCOTT  
 PORT ST. LUCIE FL 34952

2. Principal Place of Business

*SAME*

3. Mailing Address

*SAME*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0118134**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

*Laura H. Linscott*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/30/01*

**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**  Delete  
 NAME: **LINSCOTT, LAURA**  
 STREET ADDRESS: **2180 MIDTOWN ROAD**  
 CITY-ST-ZIP: **PORT ST. LUCIE FL**

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

TITLE: **DS**  Delete  
 NAME: **THIBAUT, MURIEL**  
 STREET ADDRESS: **708 ANITA ST**  
 CITY-ST-ZIP: **FT PIERCE FL**

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

TITLE: **PD**  Delete  
 NAME: **OSBORN, TERRI**  
 STREET ADDRESS: **5 MARIPOSA LN**  
 CITY-ST-ZIP: **PORT ST LUCIE FL 34952**

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

TITLE: **TD**  Delete  
 NAME: **KIRKPATRICK, HELEN**  
 STREET ADDRESS: **1249 NW SUN TERRACE, APT. D**  
 CITY-ST-ZIP: **PORT ST LUCIE FL 34986**

TITLE: **TREAS**  Change  Addition  
 NAME: **MARGARET T. PAULICK**  
 STREET ADDRESS: **2413 S.E. STONECROP ST,**  
 CITY-ST-ZIP: **PORT ST. LUCIE, FL 34984**

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

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

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

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

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 H. Linscott* **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: *4/30/01* Daytime Phone #: *(661) 335-2329*

CR2E037 (10/00)