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

## DOCUMENT # N45048

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME



04-28-2003 91414 015 \*\*\*\*61.25

FILED

Apr 28, 2003 8:00 am Secretary of State

☐ Change

☐ Addition

CITIZENS AGAINST	PET	${\bf OVERPOPULATION,}$	INC.

1. Entity Name Principal Place of Business Mailing Address 3200 W. OAKLAND PARK BLVD.

1219 SW 5TH COURT

LAUDERDALE LAKES FL 33311 FT. LAUDERDALE FL 33312 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number 65-0329248 City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MATLUK BOISSEAU, SALLY E Street Address (P.O. Box Number is Not Acceptable) 3200 W OAKLAND PARK BLVD FT. LAUDERDALE FL 33311 City 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, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61,25 2 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE Delete TITLE ☐ Change ☐ Addition NAME BOISSEAU, SALLY E NAME STREET ADDRESS 1219 S.W. 5TH CT STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33312 CITY-ST-ZIP TITLE ☐ Delete TITI F Change Addition NAME BOISSEAU, JOHN E NAME 1219 SW 5TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33312 TITLE ☐ Delete TITLE Change ☐ Addition NAME TRUE, GERALDINE NAME STREET ADDRESS 1201 SW 5TH COURT STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33312 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME

prmation 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 supplemental eport 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 pleiver or to stee employered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the indicated on this report or of the corporation or the re changed, or on an attack

NAME

TITLE

NAME

☐ Delete

STREET ADDRESS

STREET ADDRESS CITY-ST-7IP

CITY-ST-ZIP

4-25-03 954-463-1320 SIGNATURE: