2002 UNIFORM BUSINESS REPORT (UBR)

DOCU 1. Entity Nan	MENT # N50723	Se	Secretary of State					
CORAL	SPRINGS DOG DAY RUN, IN	C.		0	2-28-2002 90020 01	13 ****61.	25	
7460 WILES ROAD 746		Mailing Address	Mailing Address					
		7460 WILES ROAD CORAL SPRINGS FL 33067						
2. Principal F	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS	., .,,,	1 11917 1001	
City & State		City & State		4. FEI Number	4. FEI Number 65-0370680 Applied For Not Applicable			
· Zip Country		Zip	Country	5. Certificate of Sta	atus Desired	\$8.75 Add	litional	1
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Registered			_
	and a summer of the same	, ن. باستونی ای ا باست	Name .	aul Steven G.]
PAUL, STEVEN G.			Street Ac	dress (P.O. Box Number is 1				1
8008 WILES ROAD				140 111 0 7				1
CORAL SPRINGS FL 33067			City	1460 Wiles R		7:- 0-4-	-	-
			City (local Springs	FL	Zip Code 33	067	
SIGNATURE	Signature, typed or printegriam of registered agen	and title if applicable. (NOTE:	Registered Agent signatur	re required when reinstating)	Z/2/U	2		
FILE NOW: FEE IS \$61.25			9. Election Campaign Financing Trust Fund Contribution.		May Be Make Check Payable to Department of State			
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND DI	RECTORS IN	10	1_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAUL, STEVEN G 7460 WILES ROAD CORAL SPRGS FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Change	☐ Addition	32E037 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PAUL, JILL 7460 WILES ROAD CORAL SPRINGS FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PAUL, NORMAN 7460 WILES ROAD CORAL SPRINGS FL	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	1-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COUME SEMINGS FE	, □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS 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 true 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.

CITY-ST-ZIP

STREET ADDRESS

TITLE

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

☐ Delete

2/2/02 954-752-1819

☐ Change

☐ Addition