

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001542

1. Entity Name

SUNSHINE INDEPENDENT AND THERAPY DOGS, INCORPORA

Principal Place of Business

111 REDBUD DR
INTERLACHEN FL 32148
US

Mailing Address

111 REDBUD DR
INTERLACHEN FL 32148
US

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

59-3234778

Applied For

Not Applicable

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

LUCIA, JUDITH A
111 REDBUD DR
INTERLACHEN FL 32148

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

Judith A Lucia *Judith A Lucia* 4/6/01
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 NAME STREET ADDRESS CITY-ST-ZIP	PD LUCIA, JUDITH A 111 REDBUD DR INTERLACHEN FL 32148	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD LUCIA, JAMES R 111 REDBUD DR INTERLACHEN FL 32148	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOORMAN, RICHARD RT. 4 BOX 528R INTERLACHEN FL 32148	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOORMAN, CHERYL RT. 4 BOX 528R INTERLACHEN FL 32148	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOFFMAN, EDWARD R P.O. BOX 259 INTERLACHEN FL 32148	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOFFMAN, HARCY P.O. BOX 259 INTERLACHEN FL 32148	☐ Delete

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

Judith A Lucia *Judith A Lucia* 4/6/01 (904) 684-3262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90132 047 ****61.25

C0044404



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)