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

DOCUMENT # N9400001542

1. Entity Name



FILED Mar 20, 2003 8:00 am § Secretary of State

TED	'ENVENTANU IH	ERAPY DOGS, INCORPO)RA	TEL.	3-20-2003 90366	001 ****41. 002 ****20.	.00
Principal Place of Business 111 REDBUD DR INTERLACHEN FL 32148 US		Mailing Address 111 REDBUD DR INTERLACHEN FL 32148 US	111 REDBUD DR INTERLACHEN FL 32148 US			T ahih inda dijik da	
		3. Mailing Address	3. Mailing Address				
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc.	Suite, Apt. #, etc. City & State		4. FEI Number 59-3234778 Applied For Not Applicable		
		City & State					
Zip	Country	Zip	Country	5. Certificate of Sta	tus Desired	\$8.75 Add	litional
6. Nar	6. Name and Address of Current Registered Agent				ess of New Registere	ed Agent	
the obligations of reg		· · · · · · · · · · · · · · · · · · ·	E: Registered Agent/snature req	\$5.00 May Be	CCA 3	17/0	13 to
signature Signature, typ	dith A ped or printed name of registered a W: FEE IS \$61.25	gent and title if applicable. (NOTE 9. Election Can Trust Fund C	E: Registered Agent/gnature requirements and paign Financing contribution.	\$5.00 May Be Adved to Fees	Make Che Florida Dep	eck Payable partment of S	to State
SIGNATURE SIgnature, by: FILE NO	dith A	gent and title if applicable. (NOTE 9. Election Can Trust Fund C	E: Registered Agent/gnature requirements and paign Financing Contribution.	\$5.00 May Be	Make Che Florida Dep	eck Payable partment of S	to State
SIGNATURE SIgnature, by: FILE NO 10. TITLE NAME STREET ADDRESS 111 REE	dith A ped or printed name of registered a W: FEE IS \$61.25	gent and title if applicable. (NOTE 9. Election Can Trust Fund C	E: Registered Agent/gnature requirements and paign Financing contribution.	\$5.00 May Be Adved to Fees	Make Che Florida Dep	eck Payable partment of S	to State
SIGNATURE	OFFICERS AND JUDITH A DBUD DR	gent and title if applicable. (NOTE 9. Election Can Trust Fund C	E: Registered Agent/gnature requirements of the paign Financing contribution.	\$5.00 May Be Adved to Fees	Make Che Florida Dep	eck Payable partment of S	to State
SIGNATURE SIGNAT	OFFICERS AND JUDITH A DBUD DR ACHEN FL 32148 JAMES R DBUD DR	gent and title if applicable. (NOTE 9. Election Can Trust Fund C	in paign Financing contribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Adved to Fees	Make Che Florida Dep	eck Payable partment of S	to State

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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

TITLE

NAME

INTERLACHEN FL 32148

PALM COAST FL 32137

PALM COAST FL 32137

MAREK, JOSEPH

6 BIGHORN PL

MAREK, DORIS

6 BIGHORN PL

☐ Delete

☐ Delete

484-3262

☐ Change

☐ Change

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☐ Addition

☐ Addition