

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000004779**

1. Entity Name

HEARTS, HANDS AND HOOFS OF NORTHEAST FLORIDA, IN C.

Principal Place of Business

**1783 NOLAN ROAD
MIDDLEBURG FL 32068
US**

Mailing Address

**1783 NOLAN ROAD
MIDDLEBURG FL 32068
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

59-3276526

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

**FOWLER, KIM
1783 NOLAN RD
MIDDLEBURG FL 32065**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. 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	D	<input type="checkbox"/> Delete
NAME	NASCA, SANDRA	
STREET ADDRESS	299 SOUTH ROSCOE BLVD.	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	M	<input type="checkbox"/> Delete
NAME	FOWLER, KIM	
STREET ADDRESS	2599 SUNRODGE CT	
CITY-ST-ZIP	ORANGE PARK FL 32065	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Delete
NAME	NIMNIGHT, EDWARD II	
STREET ADDRESS	7999 BLANDING BLVD	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	HAMMILL, DAVID	
STREET ADDRESS	421 OCEAN WALK DR SOUTH	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> Delete
NAME	FOWLER, DAVID	
STREET ADDRESS	2599 SUNRIDGE CT	
CITY-ST-ZIP	ORANGE PARK FL 32065	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	O'REILLY, BARBARA	
STREET ADDRESS	1370 13TH AVENUE SOUTH	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED
Kim Fowler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90328 038 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)