

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

**FILED**  
**Jan 28, 2003 8:00 am**  
**Secretary of State**

01-28-2003 90078 013 \*\*\*\*\*61.25

**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

**1633A-1 Argyle Forest**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Jacksonville, FL**

Zip

Country

Zip

Country

**32044**

**USA**

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. 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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **D NASCA, SANDRA**  
STREET ADDRESS **299 SOUTH ROSCOE BLVD**  
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

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

TITLE ☐ Delete  
NAME **M FOWLER, KIM**  
STREET ADDRESS **2599 SUNRODGE CT**  
CITY-ST-ZIP **ORANGE PARK FL 32065**

TITLE ☐ Change ☐ Addition  
NAME **Kim Fowler**  
STREET ADDRESS **1783 NOLAN ROAD**  
CITY-ST-ZIP **MIDDLEBURG, FL 32065**

TITLE ☐ Delete  
NAME **P NIMNIGHT, EDWARD II**  
STREET ADDRESS **7999 BLANDING BLVD**  
CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE ☐ Delete  
NAME **D HAMMILL, DAVID**  
STREET ADDRESS **421 OCEAN WALK DR SOUTH**  
CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

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

TITLE ☐ Delete  
NAME **T FOWLER, DAVID**  
STREET ADDRESS **2599 SUNRIDGE CT**  
CITY-ST-ZIP **ORANGE PARK FL 32065**

TITLE ☐ Change ☐ Addition  
NAME **Fowler, David**  
STREET ADDRESS **1783 NOLAN ROAD**  
CITY-ST-ZIP **MIDDLEBURG, FL 32068**

TITLE ☐ Delete  
NAME **D O'REILLY, BARBARA**  
STREET ADDRESS **1370 13TH AVENUE SOUTH**  
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE ☐ Change ☐ 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:

**Kim Fowler**

**11/18/03 (904) 778-9697**

CR2E037 (10/02)