

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N95000005014**

1. Entity Name

**ABS GUIDE DOGS, INC.**

Principal Place of Business

**3849 OAKWATER CIRCLE  
ORLANDO FL 32805**

Mailing Address

**3849 OAKWATER CIRCLE  
ORLANDO FL 32805**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3556474**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BOUCHARD, BRENDA  
3849 OAKWATER CIRCLE  
ORLANDO FL 32805**

7. Name and Address of New Registered Agent

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

*Brenda Bouchard*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*Jan 24, 2001***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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CARR, W. DAVID</b>	
STREET ADDRESS	<b>5033 PLEASURE ISLAND RD</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32829</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CARR, NELL M</b>	
STREET ADDRESS	<b>12232 CONNECTICUT WOODS CT</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32824</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BOUCHARD, BRENDA</b>	
STREET ADDRESS	<b>740 CRESTVIEW DR</b>	
CITY-ST-ZIP	<b>CASSELBERRY FL 32707</b>	

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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:

*Brenda Bouchard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90097 034 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)