

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N96000001387**

1. Entity Name

**PET PALS ANIMAL RESCUE, INC.**

Principal Place of Business

**P.O. BOX 7008  
ORANGE PARK FL 32073**

Mailing Address

**P.O. BOX 7008  
ORANGE PARK FL 32073**

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

**NOT APPLICABLE**

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

**STRICKLAND, LAURA  
4780 LAKE SHORE DRIVE WEST  
ORANGE PARK FL 32073**

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 \$61.25**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>STRICKLAND, LAURA A</b>	
STREET ADDRESS	<b>4780 LAKESHORE DR WEST</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL 32073</b>	

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

TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>STRICKLAND, JIMMY N</b>	
STREET ADDRESS	<b>4780 LAKESHORE DR WEST</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL 32073</b>	

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KERNELL, SHEILA</b>	
STREET ADDRESS	<b>305 GWINNETT RD</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL 32073</b>	

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NELSON, DARLENE</b>	
STREET ADDRESS	<b>12827 CREST RIDGE DR</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32258</b>	

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RIEGEL, AMY</b>	
STREET ADDRESS	<b>5552 RAINEY AVE</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL 32065</b>	

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

TITLE		<input type="checkbox"/> Delete
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:

*Laura Strickland*

4-30-01 904-269-7991

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91320 003 \*\*\*\*70.00

**C0066999**

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)