

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2002 8:00 am
Secretary of State

07-10-2002 90193 034 ****70.00

DOCUMENT # **N96000001387**

1. Entity Name

PET PALS ANIMAL RESCUE, INC.

ARC-USA

see articles of Amendment

Principal Place of Business

Mailing Address

P.O. BOX 7008
ORANGE PARK FL 32073

P.O. BOX 7008
ORANGE PARK FL 32073

2. Principal Place of Business

3. Mailing Address

P.O. Box 30616

P.O. Box 30616

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Doctor's Inlet FL

Doctor's Inlet FL

Zip *32030*

Country *USA*

Zip *32030*

Country *USA*

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired *with new name*

\$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 *32003*

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

Laura Strickland

Signature, typed or printed name of registered agent and title (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	P	<input type="checkbox"/> Delete
NAME	STRICKLAND, LAURA A	
STREET ADDRESS	4780 LAKESHORE DR WEST	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	VP	<input type="checkbox"/> Delete
NAME	STRICKLAND, JIMMY N	
STREET ADDRESS	4780 LAKESHORE DR WEST	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	D	<input type="checkbox"/> Delete
NAME	KERNEL, SHEILA	
STREET ADDRESS	305 GWINNETT RD	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NELSON, DARLENE	
STREET ADDRESS	12827 CREST RIDGE DR	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RIEDEL, AMY	
STREET ADDRESS	5552 RAINEY AVE	
CITY-ST-ZIP	ORANGE PARK FL 32065	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIA CAKOS	
STREET ADDRESS	2767 HIDDEN VILLAGE DR.	
CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32216	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Garrett	
STREET ADDRESS	11464 PINE FORREST COURT	
CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32223	
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 of Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Laura Strickland*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-1-02 *(904) 269-7991*

Date

Daytime Phone #

CR2E037 (9/01)

80128267



DO NOT WRITE IN THIS SPACE