

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 10, 2001 8:00 am**  
**Secretary of State**

07-10-2001 90561 001 \*\*\*\*61.25

**DOCUMENT # N97000001151**

1. Entity Name

**SHAWN-N-JEN'S ANIMAL CONNECTION INC.**

Principal Place of Business

2721 NE 10TH AVENUE  
 POMPANO BEACH FL 33064

Mailing Address

P.O. BOX 50576  
 LHP FL 33074

(LA)

C0073050



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0732204

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

~~THAYER, SHAWN~~  
 2721 NE 10TH AVENUE  
 POMPANO BEACH FL 33064

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 PD  
 THAYER, SHAWN  
 2721 NE 10TH AVENUE  
 POMPANO BEACH FL 33064 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 VD  
 PRITCHARD, JENNIFER  
 2721 NE 10TH AVENUE  
 POMPANO BEACH FL 33064 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 MORRA, ADRIENE  
 2731 NE 10TH AVENUE  
 POMPANO BEACH FL 33064 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 VD  
 THAYER, JENNIFER ☒ Change ☐ Addition

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

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

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

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

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-01

Date

954-295-5366

Daytime Phone #

CR2E037 (10/00)

Attachment  
Doc# N97000001151  
C0073050

7301

SORRY ABOUT FORGETTING  
TO PUT CHECK IN THE  
FIRST TIME.

~~J Hanks~~

SHAW

954-895-4867

REC'D THIS LETTER ON  
JUNE 13<sup>th</sup> 2001.

CAN'T GO BY DATE OF LETTER  
LETTER DATED 6-5-01. ENVELOP  
POSTMARKED 6-11-01.

Attachment  
Doc# N97000001151  
C0073056



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

June 5, 2001

SHAWN-N-JEN'S ANIMAL CONNECTION INC.  
P.O. BOX 50576  
LHP, FL 33074

Subject: SHAWN-N-JEN'S ANIMAL CONNECTION INC.

Reference N97000001151  
Number:

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the enclosed nonprofit annual report/uniform business report is \$61.25. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/JG  
ANNUAL REPORTS SECTION