- 2001 UNIFORM BUSINESS REPORT (UBR)

Secretary of State DOCUMENT # N97000001151 07-10-2001 90561 001 ****61.25 SHAWN-N-JEN'S ANIMAL CONNECTION INC. Principal Place of Business Mailing Address 00073050 2721 NE 10TH AVENUE P.O. BOX 50576 POMPANO BEACH FL 33064 LHP FL 33074 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0732204 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) --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. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Pavable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition PD TITLE ☐ Delete TITLE NAME THAYER, SHAWN NAME STREET ADDRESS STREET ADDRESS 2721 NE 10TH AVENUE CITY-ST-ZIP CITY+ST-7/P POMPANO BEACH FL 33064 ďν ■ Addition TITLE VD Delete TITLE Change Change THAYEL, JELASFER PRITCHARD, JENNIFER NAME NAME STREET ADDRESS STREET ADDRESS 2721 NE 10TH AVENUE CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33064 TITLE D Delete TITLE ☐ Change Addition MORRA, ADRIENE NAME NAME STREET ADDRESS 2731 NE 10TH AVENUE STREET ADDRESS CITY-ST-7F CITY-ST-ZIP POMPANO BEACH FL 33064 TIFLE TITLE ☐ Addition ☐ Delete MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-57-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

-1-01

Sichature required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

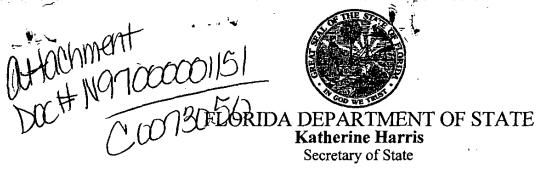
SIGNATURE:

FILED

Jul 10, 2001 8:00 am

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	SORRY ABOUT FORGETTING
	TO PUT CHECK IN THE
	FIRST TIME.
	SHAW
	954-895- 4867
1	RECVID THIS LETTER ON
ļ	JUNE 13# 2001.
	CAN'T GO BY PATE OF LETTER
	LETTER PATED 6-501. EUVELOP POSTMANKED 6-11-01.
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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 <u>has not been filed</u> 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