

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006413

1. Entity Name

SPAYD WITH HEART, INC.

Principal Place of Business

1912 HOLLEY TIMBER  
COTTONDALE FL 32431

Mailing Address

1912 HOLLEY TIMBER RD  
C  
COTTONDALE FL 32431

00000010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6080 INDUSTRIAL BLVD

City & State

City & State

CENTURY FL

4. FEI Number

59-3479351

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

Zip  
32535

Country

USA

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARMENTI, LORI

1912 HOLLEY TIMBER RD  
COTTONDALE FL 32431

Name  
SAME

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

6080 INDUSTRIAL BLVD

City  
CENTURY

FL

Zip Code

32535

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

*Lori Armenti*

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

(NOTE: Registered Agent signature required when reinstating)

3-31-01

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 PD  
NAME ARMENTI, LORI  
STREET ADDRESS 1912 HOLLEY TIMBER RD  
CITY-ST-ZIP COTTONDALE FL 32431  Delete

TITLE PD  
NAME ARMENTI, LORI  
STREET ADDRESS 6080 INDUSTRIAL BLVD.  
CITY-ST-ZIP CENTURY FL 32535  Change  Addition

TITLE VD  
NAME VAN NEVEL, GEORGE  
STREET ADDRESS 1912 HOLLEY TIMBER RD  
CITY-ST-ZIP COTTONDALE FL 32431  Delete

TITLE VP  
NAME GEORGES VAN NEVEL  
STREET ADDRESS 6080 INDUSTRIAL BLVD  
CITY-ST-ZIP CENTURY FL 32535  Change  Addition

TITLE STD  
NAME CRAIN, CHERYL  
STREET ADDRESS 1846 HOLLEY-TIMBER ROAD  
CITY-ST-ZIP COTTONDALE FL 32431  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE  
NAME DEBRA FELDT  
STREET ADDRESS RT 2 BOX 107  
CITY-ST-ZIP MONTICELLO FL  Delete

TITLE SEC  
NAME DEBRA FELDT  
STREET ADDRESS RT 2 BOX 107  
CITY-ST-ZIP MONTICELLO FL 34321  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

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:

*Lori Armenti*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-01

Date

Daytime Phone #

*Lori Armenti*

4-30-01

CR2E037 (10/00)