

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90096 005 ****61.25

DOCUMENT # N97000006413

1. Entity Name
SPAYD WITH HEART, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6080 INDUSTRIAL BLVD. CENTURY FL 32535	Mailing Address 1912 HOLLEY TIMBER RD C COTTONDALE FL 32431
--	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 7450 PINE BARREN Rd Suite, Apt. #, etc.
---	---

City & State CENTURY FL	4. FEI Number 59-3479351	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
-----------------------------------	------------------------------------	---	---

Zip 32535	Country ESCAMBIA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---------------------	----------------------------	---	---------------------------------------

6. Name and Address of Current Registered Agent

ARMENTI, LORI
6080 INDUSTRIAL BLVD
CENTURY FL 32535

7. Name and Address of New Registered Agent

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 *Lori Armenti* DATE **1-11-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARMENTI, LORI 6080 INDUSTRIAL BLVD. CENTURY FL 32535	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VAN NEVEL, GEORGE 6080 INDUSTRIAL BLVD. CENTURY FL 32535	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FELDT, DEBRA RT 2 BOX 107 MONTICELLO FL 34321	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

DATE: **1-11-02** (850) **327-4170**
Date Daytime Phone #

CR2E037 (9/01)