

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90048 043 \*\*\*\*61.25

0100804

**DOCUMENT # N97000006413**

1. Entity Name

**SPAYD WITH HEART, INC.**



Principal Place of Business

**6080 INDUSTRIAL BLVD.  
CENTURY FL 32535**

Mailing Address

**7450 PINE BORREN ROAD  
CENTURY FL 32335**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3479351**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Lori Armenti*

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE **VD**  Delete  
NAME **VAN NEVEL, GEORGE**  
STREET ADDRESS **6080 INDUSTRIAL BLVD.**  
CITY-ST-ZIP **CENTURY FL 32535**

TITLE **SD**  Delete  
NAME **FELDT, DEBRA**  
STREET ADDRESS **RT 2 BOX 107**  
CITY-ST-ZIP **MONTICELLO FL 34321**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  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 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Lori Armenti* **LORI ARMENTI** 1/16/03 (850) 256-0026

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT

CR2E037 (10/02)