## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N97000006810

Entity Name: TALLAHASSEE COLLIE RESCUE, INC.

FILED Mar 07, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7431 SKIPPER LANE 7431 SKIPPER LANE

TALLAHASSEE, FL 32311 TALLAHASSEE, FL 32317 US

Current Mailing Address: New Mailing Address:

7431 SKIPPER LANE 7431 SKIPPER LANE

TALLAHASSEE, FL 32311 TALLAHASSEE, FL 32317 US

FEI Number: 59-3480616 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WALDO, GRETCHEN H
7431 SKIPPER LANE
WALDO, GRETCHEN H
7431 SKIPPER LANE

TALLAHASSEE, FL 32311 US TALLAHASSEE, FL 32317 US

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: 03/07/2002

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: WALDO, GRETCHEN H Name: WALDO, GRETCHEN H

Address: 7431 SKIPPER LANE
City-St-Zip: TALLAHASSEE, FL 32311

Name: WALDO, GRETCHENTI
Address: 7431 SKIPPER LANE
City-St-Zip: TALLAHASSEE, FL 32317 US

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: WALDO, DONALD B Name: WALDO, DONALD B

Address: 7431 SKIPPER LANE Address: 7431 SKIPPER LANE
City-St-Zip: TALLAHASSEE, FL 32311 City-St-Zip: TALLAHASSEE, FL 32317 US

Title: D ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 HARTMANN, MARY S
 Name:
 HARTMANN, MARY S

 Address:
 2965 SHAMROCK NORTH #C-10
 Address:
 2965 SHAMROCK NORTH #C-10

 Address:
 2965 SHAMROCK NORTH #C-10
 Address:
 2965 SHAMROCK NORTH #C-1

 City-St-Zip:
 TALLAHASSEE, FL 32308
 City-St-Zip:
 TALLAHASSEE, FL 32308 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GRETCHEN H. WALDO D 03/07/2002