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

DOCUMENT # N98000002474



FILED Mar 05, 2003 8:00 am § Secretary of State

FEATHERED FRIEND	OS ADOPTION AND R	BESCUE, INC.	(Train)			03-05-2003 9	0088 003 ****	*70.00
Principal Place of Business 4610 ECSTASY CIRCLE COCOA FL 32926 US	4	Mailing Address 1610 ECSTASY CIRCLE COCOA FL 32926 JS	<u> </u>		: 	(Bib) 18ili Delij (Blij) (B	Idaa adam adam maga ka	BII 1981: 018: 1081
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc. 222 Sw. Dillan C+		Suite, Apt. #, etc. 222 Suddillon Cf			☐ CHECK HERE IF MAKING CHANGES			
Port St huc	ie, Fl	ort State	ucie,		4. FÉI Number	9-3435484		Applied For Not Applicable
34953	USH 3	34953	US A	t	5. Certificate of S		Fee Req	Additional juired
6. Name a	nd Address of Current Reg	istered Agent	<u>.</u>		7. Name and Ad	dress of New Re	gistered Agent	
HORTON, AUDREE	E and the second	ne an Esta Tive Wangger - Take	<u> </u>	ame Co	D. Box Number is	ong tal	ricie F	xenn
COCOA FL 32926	-		2	7= -	آ .حده	D: Hon	Ct	
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The above named entity s the obligations of registers	submits this statement for the	purpose of changing its	s registered of	fice or registered	agent, or both, in	the State of Florid	da. I am familiar w	ith, and accept
SIGNATURE OPI	printed name of registered agent and title	e if applicable. (NOT	TE Projection Agent	Pad nt signature required who	ricii 1	Dunn	Patrew #	Dun
Signature, typed or			· · · · · · · · · · · · · · · · · ·	it signature required wh	en reinstating)		DATE 3-	1-05
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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 a other like empowered.

SIGNATURE!

3-1-03