

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90033 041 ****61.25

DOCUMENT # N98000004774

1. Entity Name

AFFORDABLE SPAY/NEUTER OF LEE COUNTY, INC.

Principal Place of Business

Mailing Address

**7839 EAGLES FLIGHT LANE
 FORT MYERS FL 33912**

**7839 EAGLES FLIGHT LANE
 FORT MYERS FL 33912-1872**

2. Principal Place of Business

13422 N. CLEVELAND AVE

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

N. FT MYERS

City & State

4. FEI Number

65-0858594

Applied For

Not Applicable

Zip

Country

33903

LEE

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**INK, THERESA D
 7839 EAGLES FLIGHT LANE
 FORT MYERS FL 33912**

7. Name and Address of New Registered Agent

Name

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

15100 SWEETWATER CT

City

FT MYERS

FL

Zip Code

33912

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.

Theresa - D. Ink
INK, THERESA D.

SIGNATURE

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
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **INK, THERESA D**
 STREET ADDRESS **7839 EAGLES FLIGHT LANE**
 CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE **STD** ☐ Delete
 NAME **INK, JAMES M**
 STREET ADDRESS **7839 EAGLES FLIGHT LANE**
 CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE **VD** ☐ Delete
 NAME **GOLD, JANE B**
 STREET ADDRESS **7839 EAGLES FLIGHT LANE**
 CITY-ST-ZIP **FORT MYERS FL 33912**

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 **15100 SWEETWATER CT**
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **15100 SWEETWATER CT**
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 NAME
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 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:

Theresa D. Ink
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**941-
 4-18-00 652-0596**

Date

Daytime Phone #

CR2E037 (9/99)