

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004774

1. Entity Name

AFFORDABLE SPAY/NEUTER OF LEE COUNTY, INC.

Principal Place of Business

13422 N CLEVELAND AVE
FORT MYERS FL 33903

Mailing Address

13422 N CLEVELAND AVE
FORT MYERS FL 33903

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

65-0858594

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INK, THERESA D

15100 SWEETWATER COURT
FORT MYERS FL 33912

7129 S. BRENTWOOD RD
33919

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
INK, THERESA D
15100 SWEETWATER COURT
FORT MYERS FL 33912-
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
7129 S. BRENTWOOD RD
33919
☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP
STD
INK, JAMES M
15100 SWEETWATER COURT
FORT MYERS FL 33912
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
VD
GOLD, JANE B
7839 EAGLES FLIGHT LANE
FORT MYERS FL 33912
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☐ Change ☐ 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:

INK, THERESA D

1-28-02

941-652-0596

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

0045562



DO NOT WRITE IN THIS SPACE