2000 UNIFORM BUSINESS REPORT (UBR)

ment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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changed, or on an attack

SIGNATURE:

FILED DOCUMENT # N98000006837 Apr 05, 2000 8:00 am Secretary of State 1. Entity Name FLORIDA POODLE RESCUE, INC. 04-05-2000 90115 024 ****61.25 Principal Place of Business Mailing Address HEET BEACH DRIVE N.E. PO BOX 7336 ST. PETERSBURG FL 33734-7336 ST. PETERSBURG FL 33704 2. Principal Place of Business 3. Mailing Address 747 BRIGHTWATERS OLVD. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For PETERSBURG 59-3545425 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7.-Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ZSCHAU, JULIUS J JOHNSON, BLAKELY, POPE, BOKOR RUPPEL, P.A. 911 CHESTNUT STREET City Zip Code FL CLEARWATER FL 33756 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 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME **BONATI, PATRICIA** NAME STREET ADDRESS STREET ADDRESS 1650 BEACH DRIVE NE CITY-ST-ZIP CITY-\$T-ZIP ST. PETERSBURG FL 33704 ☐ Addition ☐ Delete ☐ Change TITLE D TITLE SMITH, JIM NAME NAME STREET ADDRESS STREET ADDRESS 1436 29TH AVENUE N. CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33704 ☐ Delete ☐ Change Addition n TITLE TITLE NAME RUFFNER, ALICE NAME STREET ADDRESS STREET ADDRESS 625 16TH AVENUE NE CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33704 Change Addition TITLE D ☐ Delete TITLE NAME THURMAN, SHEILA NAME 747 BRIGHT WATERS BLUD. NE STREET ADDRESS STREET ADDRESS 1625 BEACH DRIVE NE CITY-ST-ZIP CITY-ST-ZIP ST. PETERBURG FL 33704 ☐ Addition TITLE ☐ Delete TITLE Change NAME PLOECKELMAN, JEAN STREET ADDRESS STREET ADDRESS 1014 FRIENDSHI LANE CITY-ST-ZIP CITY-ST-ZIP **LUTZ FL 33549** TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS 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

PATRICIA BONATI

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PRESIDENT

727-84 Date 1-5