2000 UNIFORM BUSINESS REPORT (UBR)

1/27/00-90041-027-$61.25-$61.25
* 9/11/00-90013-040-$61.25-$61.25

DOCUMENT # N98000007284

1. Entity Name

ANIMAL OUTREACH OF BRANDON, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 25 AM 10:47

Principal Place of Business	Mailing Address
9302 DR. MARTIN LUTHER KING BLVD.. E. # 336 TAMPA FL 33610	4207 S. DALE MABRY 101 ASH TAMPA FL 33611

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	4239 W. EL PRADO BLVD Suite, Apt. #, etc.
City & State	City & State TAMPA FL
Zip / Country	Zip 33629 / Country HILLSBOROUGH

4. FEI Number 65-0876801 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SPENCER, BEVERLY
4207 S. DALE MABRY - 101 ASH
TAMPA FL 33611

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 Beverly G. Spencer DATE 8/6/2000

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
After September 13, 2000 min. will be $236.25

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	D SPENCER, BEVERLY ~~9302 DR. MLK JR. #811~~ 2016 DARLINGTON TAMPA FL 33610	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 2016 DARLINGTON DR SEFFNER FL 33584
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GREGORY, JEANETTE ~~4207 S. DALE MABRY - 101 ASH~~ ~~TAMPA FL 33611~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition OD 4239 W. EL PRADO BLVD TAMPA FL 33629
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SKOLNICK, MARGIE 2205 HICKORY RIDGE DR. VALRICO FL 33594		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition TD SKOLNICK, MARGIE 2205 HICKORY RIDGE DR VALRICO FL 33594
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DURANT, DINA P.O. BOX 609 N/A RIVERVIEW FL 33568	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAUTER, JANE 205 LIMONA RD. BRANDON FL 33510	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (5/00)

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: Beverly G. Spencer SIGNATURE REQUIRED 8/6 813 661-1058

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #