## **20Q2 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Feb 25, 2002 8:00 am Secretary of State DOCUMENT # N9800007284 02-25-2002 90005 006 \*\*\*\*61.25 ANIMAL OUTREACH OF BRANDON, INC. Mailing Address Principal Place of Business \$202 Dr. Martin Luther King Blvd., E. 4239 W EL PRADO BLVD HUU33896 法。这位, TAMPA FL 33629 ₩FA:FL 33610 2.1 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0876801 Not Applicable Zip 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) SPENCER, BEVERLY 2016 DARLINGTON DR SEFFNER FL 33584 City 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 Ç 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 16. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Addition TITLE ☐ Delete TITLE Change SPENCER, BEVERLY NAME STREET ADDRESS 2016 DARLINGTON DR STREET ADDRESS CITY-ST-ZIP SEFFNER FL 33584 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition GREGORY, JEANETTE NAME NAME 4239 W EL PRADO BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33629** CITY-ST-ZIP TITLE Delete\_ TITI F Change Addition GREGORY, DONALD NAME NAME STREET ADDRESS 4012 W EL PRADO BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP tampa FL 33629 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of the receiver of the corporation of the receiver of the corporation of the corp

**FILED**