## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

## FILED DOCUMENT # **N99000003385** May 24, 2000 8:00 am Secretary of State **GUARDIAN ANGEL DOGS, INC.** 05-24-2000 90028 025 \*\*\*\*61.25 Principal Place of Business Mailing Address 7580 MOBILE HWY P.O. BOX 37625 PENSACOLA FL 32526-0625 PENSACOLA FL 32526 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-<u>3583107</u> Not Applicable Zip Country 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 Street Address (P.O. Box Number is Not Acceptable) HEWITT, KAREN 7580 MOBILE HWY PENSACOLA FL 32526 Zip Code City 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: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **Department of State** FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PRESIDENT / TREASURER ★ Addition TITLE ☐ Delete KAREN HEWITT NAME NAME 7580 MOBILE HWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA, FL 32526 VICE PRESIDENT ☐ Change Addition X TITLE TITLE ☐ Delete LAUREL SMITH NAME NAME 3250 LAS BRIGAS DRIVE STREET ADDRESS STREET ADDRESS \_32526 CITY-ST-ZIP CITY-ST-ZIP PENSACOLA \_EL CHAIRMAN OF BOARD ☐ Change Addition ☐ Delete TITLE DAVID DISHER 4890 RANDEE CIRCLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE-☐ Delete TITLE ☐ 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