

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000006265**

1. Entity Name

ANIMAL RESCUE OF BREVARD, INC.

Principal Place of Business

**P.O. BOX 33561
INDIALANTIC FL 32903-0561**

Mailing Address

**P.O. BOX 33561
INDIALANTIC FL 32903-0561**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number
59-3491175Applied For
Not Applicable5. 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

Name

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

City

FL

Zip Code

**LAWSON, JAMES H
9010 BRIGHTON CIRCLE
W. MELBOURNE FL 32904**

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 \$61.259. 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**T
LAWSON, JAMES H
P.O. BOX 33561
INDIALANTIC FL 32903-0561**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**T
CHANDLER, LISA L
PO BOX 33561
INDIALANTIC FL 32903**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**T
OLIVER, JOHN P
PO BOX 33561
INDIALANTIC FL 32903**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
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CITY-ST-ZIP☐ Change ☐ AdditionTITLE
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CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/02

Date

722-1479

Daytime Phone #

**FILED
Mar 31, 2002 8:00 am
Secretary of State**

03-31-2002 90346 005 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)