

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006345

1. Entity Name

ANIMAL F.R.I.E.N.D.S., INC.

FILED

May 13, 2002 8:00 am
Secretary of State

05-13-2002 90186 019 ****61.25

Principal Place of Business

Mailing Address

1008 S DAYTONA AVE
FLAGLER BEACH FL 32136

PO BOX 2081
FLAGLER BEACH FL 32136

2. Principal Place of Business

3. Mailing Address

130 Old Kings Rd. S.

50 Lloyd Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Flagler Bch, FL

City & State
Palm Coast, FL

4. FEI Number
59-3525931

Applied For
Not Applicable

Zip
32136

Country
USA

Zip
32164

Country
USA

5. 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

THULIN, BETH
1008 S DAYTONA AVE
FLAGLER BEACH FL 32136

Name
Shelby Terry-Wolfe

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

City
Palm Coast FL Zip Code
32164

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

Shelby Terry-Wolfe, President

4/24/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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
DP
TERRY-WOLF, SHELBY
50 LLOYD TRAIL
PALM COAST FL 32137 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
LOVELADY, ANNIE
8 RICHEL PLACE
PALM COAST FL 32137 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
THULIN, BETH
1008 S DAYTONA AVE
FLAGLER BEACH FL 32136 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
BERMAN, JEFF
15 RIVERSIDE LANE
PALM COAST FL 32137 ☒ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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:

Shelby Terry-Wolfe

4/24/02 386-439-1606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)