

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90374 043 ****61.25

DOCUMENT # N99000007612

1. Entity Name
PUPPYMILLRESCUE, INC.



Principal Place of Business

**5521 ESTATE OAK CIRCLE
HOLLYWOOD FL 33312**

Mailing Address

**5521 ESTATE OAK CIRCLE
HOLLYWOOD FL 33312**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0980510**

Applied For

Not Applicable

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

**JONES, JEAN
5521 ESTATE OAK CIRCLE
HOLLYWOOD FL 33312**

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**JEAN JONES
PRESIDENT.**

4/10/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	JONES, JEAN	
STREET ADDRESS	5521 ESTATE OAK CIRCLE	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	D	<input type="checkbox"/> Delete
NAME	KENNEY, GARY	
STREET ADDRESS	5521 ESTATE OAK CIRCLE	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FORD, TAMMIE	
STREET ADDRESS	5791 ROCKY MOUNT ROAD	
CITY-ST-ZIP	GRANITE FALLS NC 28630	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBIN, HEBERER	
STREET ADDRESS	561 HAVENTREE LANE	
CITY-ST-ZIP	HAZELWOOD MO 63024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/10/03

954.985-9590

CR2E037 (10/02)