

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000063129

1. Entity Name  
UNIVERSAL K-9, INC.

Principal Place of Business  
2147 DEER HOLLOW CIRCLE  
LONGWOOD FL 32779

Mailing Address  
2147 DEER HOLLOW CIRCLE  
LONGWOOD FL 32779

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
775 Pine Way  
City & State  
Sanford, FL  
Zip  
32773  
Country  
USA

Suite, Apt. #, etc.  
775 Pine Way  
City & State  
Sanford, FL  
Zip  
32773  
Country  
USA

4. FEI Number

Applied For  
☒ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FORD, CAMERON P  
2147 DEER HOLLOW CIRCLE  
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name  
Ford, Cameron P (same)  
Street Address (P.O. Box Number is Not Acceptable)  
775 Pine Way  
City  
Sanford FL Zip Code  
32773

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]*

7 Dec 01  
DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORD, CAMERON P 2147 DEER HOLLOW CIRCLE LONGWOOD FL 32779	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	788004736157-4 -12/24/01--01002--005 ****758.75 ****758.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 Oct 01 (407) 323-5859  
Date Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
01 DEC 12 PM 2:36



REINSTATEMENT  
DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)