

2001 UNIFORM BUSINESS REPORT (UBR)

0504595

DOCUMENT # P00000067298

1. Entity Name

J & D KENNELS, INC.

Principal Place of Business

888 SE 3RD AVE., SUITE 500
FT. LAUDERDALE FL 33335

Mailing Address

888 SE 3RD AVE., SUITE 500
FT. LAUDERDALE FL 33335

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

O'CARROLL, DONALL
888 SE 3RD AVE., SUITE 500
FT. LAUDERDALE FL 33335

7. Name and Address of New Registered Agent

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.

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

(NOTE: Registered Agent signature required when reinstating)

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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: D ☐ Delete
NAME: WINCHESTER, STEPHEN P
STREET ADDRESS: 17 CIRCLE DR.
CITY-ST-ZIP: RUMSON NJ 07760

TITLE: D ☐ Delete
NAME: D'ARCY, MICHAEL
STREET ADDRESS: 713 36TH ST.
CITY-ST-ZIP: W. PALM BCH FL 33407

TITLE: D ☐ Delete
NAME: SANDERFORD, JESS
STREET ADDRESS: RT. 1, BOX 59 A
CITY-ST-ZIP: CHEYENNE OK 73628

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D, P, T ☒ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: D, S ☒ Change ☐ Addition
NAME: 200004523612--0
STREET ADDRESS: -08/08/01--01013--014
CITY-ST-ZIP: ****150.00 ****150.00

TITLE: D, VP ☒ Change ☐ Addition
NAME: 200004523612--0
STREET ADDRESS: -08/08/01--01013--015
CITY-ST-ZIP: ****400.00 ****400.00

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL DARCY 7/26/01 (561) 833-3618

Date

Daytime Phone #

FILED
01 JUL 25 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1024105 ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2E034 (10/00)