

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90132 040 \*\*\*150.00

0050322  
AV

**DOCUMENT #** P01000031710

1. Entity Name  
**KINDRED KENNELS INC.**



Principal Place of Business  
**915 EVERITT AVE  
PANAMA CITY FL 32401**

Mailing Address  
**915 EVERITT AVE  
PANAMA CITY FL 32401**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**910 EVERITT AVE.**

Suite, Apt. #, etc.

City & State  
**Panama City FL.**

City & State  
**Panama City FL.**

Zip  
**32401**

Country  
**BAY**

CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**ROONEY, KELLY  
910 EVERITT AVE  
PANAMA CITY FL 32401**

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

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GOODMAN, ELIZABETH 910 EVERITT AVE PANAMA CITY FL 32401</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST ROONEY, KELLY 910 EVERITT AVE PANAMA CITY FL 32401</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 607, 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: Elizabeth Goodman **SIGNATURE REQUIRED** Elizabeth Goodman **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** 4/10/03 (850) 763-6724 **Date** Daytime Phone #

CR2E034 (10/02)