

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90221 038 ***150.00

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DOCUMENT # P01000091959

1. Entity Name
CANINE DESIGN, INC.



Principal Place of Business
**968 SW 81ST AVENUE
NORTH LAUDERDALE FL 33068**

Mailing Address
**968 SW 81ST AVENUE
NORTH LAUDERDALE FL 33068**

2. Principal Place of Business
972 SW 81st Ave.
Suite, Apt. #, etc.

3. Mailing Address
972 SW 81st Ave
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
N. Lauderdale, FL
Zip
33068 Country
USA

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N. Lauderdale, FL
Zip
33068 Country
USA

4. FEI Number **65-1139798** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**O'KELLY, TERRY W
968 SW 81ST AVENUE
NORTH LAUDERDALE FL 33068**

7. Name and Address of New Registered Agent

Name **Terry W. O'Kelly**
Street Address (P.O. Box Number is Not Acceptable)
972 SW 81st Ave
City **N. Lauderdale** FL Zip Code **33068**

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 *Terry W. O'Kelly* (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 **\$5.00** May Be Added to Fees
Trust Fund Contribution. ☐

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'KELLY, TERRY W 7914 NW 73RD TERRACE TAMARAC FL 33321	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'KELLY, DAWN M 7914 NW 73RD TERRACE TAMARAC FL 33321	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)