

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90234 046 ***150.00

DOCUMENT # P02000050487

1. Entity Name
FURRY FRIENDS & FOLIAGE INC.



Principal Place of Business
**2900 PARKLAND DRIVE
ORLANDO FL 32803**

Mailing Address
**2900 PARKLAND DRIVE
ORLANDO FL 32803**



2. Principal Place of Business
2900 PARKLAND DR

3. Mailing Address
2900 PARKLAND DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
WINTER PARK FL

City & State
WINTER PARK FL

4. FEI Number
02-0592376

Applied For
Not Applicable

Zip
32789

Country
USA

Zip
32789

Country
USA

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

**LAMBERT, AMY
2900 PARKLAND DRIVE
ORLANDO FL 32803**

Name
AMY LAMBERT

Street Address (P.O. Box Number is Not Acceptable)
2900 PARKLAND DR

City
WINTER PARK FL Zip Code
32789

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

(NOTE: Registered Agent signature required when reinstating)

08 FEB 03
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
**D LAMBERT, AMY
2900 PARKLAND DRIVE
ORLANDO FL 32803** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D DAVIS, SANDY
2900 PARKLAND DRIVE
ORLANDO FL 32803** ☐ Delete

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

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Change ☐ 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: **Amy Lambert RAMY LAMBERT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08 FEB 03
Date

407.622.6545
Daytime Phone #

CR2E034 (10/02)