## 2003 FOR PROFIT CORPORATION

Jane .

SIGNATURE:

## **Secretary of State** UNIFORM BUSINESS REPORT (UBR) 05-05-2003 90212 021 \*\*\*150.00 **DOCUMENT #** P02000071033 1. Entity Name ANIMAL HOUSE DOGGIE BED AND BREAKFAST, INC. 55045614 Principal Place of Business Mailing Address **B12 SHALLOW RUN RD** 812 SHALLOW RUN RD SARASOTA FL 34240 SARASOTA FL 34240 2. Principal Place of Business Mailing Address 2 Vic Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For <u>30-0097949</u> Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent new address BRITTAIN, DAWN Street Address (P.O. Box Number is Not Acceptable) **812 SHALLOW RUN RD** SARASOTA FL 34240 8. The above named entity submits this statement for the purpose of changing its registered office or regi both, in the State of Florida. Lam familia the obligations of registered agent. SIGNATURE d agent and tale if applicable (NOTE, Registered Agent signature required when reinsted DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE. ☐ Addition NAME BRITTAIN, DAWN NAME STREET ADDRESS 812 SHALLOW RUN RD STREET ADDRESS CITY-ST-ZIP SARASOTA FL-94240-CITY-ST-71P Addition TITLE Delete TITLE -UP Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP TITLE ☐ Delete TIFLE Addition Change | NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7/P TITLE ☐ Delete TITLE ☐ Channe ■ Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP. CITY-ST-ZIP TITLE Detete TITLE ☐ Change Addition NAME MALKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an affactment with an address, with all other like empowered.

Jun 02, 2003 8:00 am