

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91061 014 \*\*\*150.00

**DOCUMENT # P93000035651**

**1. Entity Name**  
**MAVERICK KENNELS LTD., INC.**



**Principal Place of Business**  
**1315 BEACON ST.**  
**NEW SMYRNA BEACH FL 32169**  
**US**

**Mailing Address**  
**1315 BEACON ST**  
**NEW SMYRNA BCH. FL 32169**  
**US**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **59-3180134**

Applied For

Not Applicable

**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**

**FLANAGAN, CHERYL L**  
**1315 BEACON ST**  
**NEW SMYRNA BCH. FL 32169**

Name **Flanagan, Richard B.**  
Street Address (P.O. Box Number is Not Acceptable)  
**1315 Beacon St.**  
City **New Smyrna Bch.** FL **32169**

**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, the registered agent.**

SIGNATURE **Richard B. Flanagan, President 4/16/03**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinitiating)

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	P	<input checked="" type="checkbox"/> Delete
NAME	FLANAGAN, CHERYL	
STREET ADDRESS	1315 BEACON ST	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	FLANAGAN, RICHARD	
STREET ADDRESS	1315 BEACON ST	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	President	<input type="checkbox"/> Delete
NAME	Flanagan, Richard B.	
STREET ADDRESS	1315 Beacon St.	
CITY-ST-ZIP	New Smyrna Bch, FL 32169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard B. Flanagan	
STREET ADDRESS	1315 Beacon St.	
CITY-ST-ZIP	N.S.B., FL 32169	
TITLE	100% of Corp.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Richard B. Flanagan** **4/16/03** **386-689-0438**

Date

Daytime Phone #

CR2E034 (10/02)