

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90055 043 \*\*\*150.00

**DOCUMENT # P96000061889**

1. Entity Name

**SHANNON LAKES PAWS & CLAWS, INC.**

Principal Place of Business

**4500 SHANNON LAKES WEST  
 UNIT 19  
 TALLAHASSEE FL 32308  
 US**

Mailing Address

**4500 SHANNON LAKES WEST  
 UNIT 19  
 TALLAHASSEE FL 32308  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**4500 SHANNON LAKES WEST**

3. Mailing Address

**4500 SHANNON LAKES WEST**

Suite, Apt. #, etc.

**U # 19**

Suite, Apt. #, etc.

**U # 19**

City & State

**Tallahassee**

City & State

**Tallahassee FL 32308**

4. FEI Number

**59-3390457**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GUHRT, HEIDI M  
 4500 SHANNON LAKES WEST  
 UNIT 19  
 TALLAHASSEE FL 32308**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**OTFRIED GUHRT** President

**01/11/01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>GUHRT, HEIDI MARIE</b>	
STREET ADDRESS	<b>10850 LUNA POINT RD</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>GUHRT, OTFRIED</b>	
STREET ADDRESS	<b>10850 LUNA POINT RD</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**OTFRIED Guhrt** President

Date

Daytime Phone #

**(850) 906-0444**

CR2E034 (10/00)