

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000005617

1. Entity Name

PAWS & CLAWS NETWORK, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90044 010 ***150.00

Principal Place of Business

Mailing Address

2825 LOGAN DR
PENSACOLA FL 32503

PO BOX 30469
PENSACOLA FL 32503-1469

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

NOT APPLICABLE

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

MOESTA, DOUGLAS
2825 LOGAN DR
PENSACOLA FL 32503

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME SORRELL, JUDY ☒ Delete
STREET ADDRESS 1408 NW SHORE BLVD 500-A
CITY-ST-ZIP TAMPA FL 33607

TITLE P
NAME HORTON TOWNES ☐ Change ☐ Addition
STREET ADDRESS 10653 LAKE VISTA DRIVE
CITY-ST-ZIP SEMINOLE FL 33772

TITLE C
NAME PRATT, HARRY ☐ Delete
STREET ADDRESS 2570 B PATHWAY PLACE
CITY-ST-ZIP MOBILE AL 36606

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

TITLE V
NAME MOESTA, DOUGLAS M ☐ Delete
STREET ADDRESS 2825 LOGAN DR
CITY-ST-ZIP PENSACOLA FL 32503

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DIR. ☐ Change ☒ Addition
NAME TOM RIDDLE
STREET ADDRESS 450 REEDS RD
CITY-ST-ZIP DOWNINGTOWN PA 19335

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DIR. ☐ Change ☒ Addition
NAME GARY D. LEMOINE
STREET ADDRESS BOX 639 N. MAIN STREET
CITY-ST-ZIP COTTONPORT LA 71327

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DIR. ☐ Change ☒ Addition
NAME J. OMAR LANDIS
STREET ADDRESS P.O. BOX 501
CITY-ST-ZIP EPHRATA PA 17522

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-28-200 850-432-0045

CR2E034 (9/99)