

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000005617**

1. Entity Name

PAWS & CLAWS NETWORK, INC.**FILED**
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90016 008 ***150.00

Principal Place of Business

**2825 LOGAN DR
PENSACOLA FL 32503**

Mailing Address

**PO BOX 30469
PENSACOLA FL 32503**

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

**MOESTA, DOUGLAS
2825 LOGAN DR
PENSACOLA FL 32503**

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

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
TOWNES, HORTON
10653 LAKE VISTA DR
SEMINOLE FL 33772** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
PRATT, HARRY
2570 B PATHWAY PLACE
MOBILE AL 36606** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
MOESTA, DOUGLAS M
2825 LOGAN DR
PENSACOLA FL 32503** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RIDDLE, TOM
450 REROS RD
DOWNTOWN PA 19335** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LEMOINE, GANO D
BOX 639 N MAIN ST
COTTONPORT LA 71327** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LANDIS, J OMAR
P O BOX 501
EPHRATA PA 17522** ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: *Harry Pratt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-15-01

Daytime Phone #

850-432-0045

0465042

CR2E034 (10/00)