

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90135 031 ***158.75

DOCUMENT # **P980000005017**

1. Entity Name

PAWS & CLAWS NETWORK INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2825 LOGAN DRIVE

3. Mailing Address

P.O. Box 30469

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

830620

City & State
PENSACOLA FL

City & State
PENSACOLA FL

4. FEI Number

59-3493926

Applied For

Not Applicable

Zip
32503

Country

ESCAMBIA

Zip

32503

Country

ESCAMBIA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DOUGLAS MOESTA

Street Address (P.O. Box Number is Not Acceptable)

2825 LOGAN DRIVE

City

PENSACOLA

FL

Zip Code

32503

**DO NOT WRITE
IN THIS SPACE**

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY-ST-ZIP

**CHAIRMAN
HARRY E. PRATT
2570 B PATHWAY PL.
MOBILE AL. 36606**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PRESIDENT
HORTON TOWNES
10653 LAKE VISTA DRIVE
SEMINOLE FL. 33772**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**SEC. TREAS
DOUGLAS MOESTA
2825 LOGAN DRIVE
PENSACOLA FL. 32503**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**J. OMAR KANDIS
4141 BAHIA VISTA CT DIRECTOR
SARASOTA FL
34232**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**TOM RIDDLE DIRECTOR
450 REEDS ROAD
DOWNTOWN PA.
19335**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

GANDY D. LEMDINE

TITLE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harry E. Pratt Chairman

Date

4-5-02

Daytime Phone #

850-432-0045

CR2E034B (12/01)