## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **P98000015280** Apr 25, 2000 8:00 am Secretary of State 1. Entity Name THE ANIMAL CONNECTION OF PANAMA CITY BEACH, INC. 04-25-2000 90116 036 \*\*\*150.00 Principal Place of Business Mailing Address 2101 JOAN AVE 2101 JOAN AVE. PANAMA CITY BEACH FL 32408-4103 PANAMA CITY BEACH FL 32408 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3503350 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired ·Fee Required: 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DANIEL, JIMMIE L Street Address (P.O. Box Number is Not Acceptable) 2101 JOAN AVE. PANAMA CITY BEACH FL 32408 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DPS TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME DANIEL, JIMMIE L STREET ADDRESS STREET ADDRESS 2101 JOAN AVE. CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BEACH FL 32408 ☐ Delete ☐ Change ☐ Addition TITLE DVPT HAGLUND, JOHN STREET ADDRESS STREET ADDRESS 7410 KINGMAN ST. CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BEACH FL 32408 ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of the proposed of the corporation of the corporation of the receiver or trustee empowered.

SIGNATURE:

.. DANIEL 4/4/00 (850) 233-3000