

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000054336

1. Entity Name

FLORIDA KENNELS OF BREVARD, INC.



FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90395 046 ***150.00

0131704 AV

Principal Place of Business

101 SO. COURTENAY PARKWAY, STE. 201
MERRITT ISLAND FL 32952-4855

Mailing Address

101 SO. COURTENAY PARKWAY, STE. 201
MERRITT ISLAND FL 32952-4855

2. Principal Place of Business

5575 S.R. 520

3. Mailing Address

5575 S.R. 520

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

COCOA FL

City & State

COCOA FL

4. FEI Number

59-3523467

Applied For

Not Applicable

Zip

32926

Country

BREVARD

Zip

32926

Country

BREVARD

5. Certificate of Status Desired ☐ ☒

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SPIELVOGEL, LEONARD

101 SO. COURTENAY PARKWAY, STE. 201

MERRITT ISLAND FL 32952-4855

7. Name and Address of New Registered Agent

Name

PAUL DEAN

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

5575 KING ST. (S.R. 520)

City

COCOA

FL

Zip Code

32926

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Paul Dean

PAUL DEAN

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE VTSD ☐ Delete
NAME DEAN, PAUL F
STREET ADDRESS 5575 S.R. 520
CITY-ST-ZIP COCOA FL 32926

TITLE PD ☐ Delete
NAME DEAN, DEBRA P
STREET ADDRESS 5575 S.R. 520
CITY-ST-ZIP COCOA FL 32926

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul Dean PAUL DEAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

Date

Daytime Phone #

CR2E034 (10/02)