## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR** P9900066612 DOCUMENT # 1. Entity Name SHADY LANE KENNELS, INC.

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90369 017 \*\*\*150.00

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Principal Place of Business Mailing Address 700 SHADY LN. 700 SHADY LN. FORT WALTON BEACH FL 32547 FORT WALTON BEACH		FL 32547						
Principal Place of Business     3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES			
City & State		City & State			5U=3617682		oplied For ot Applicable	
Zip Country		Zip	Country		5. Certificate of Status Desired   \$8.75 Additional Fee Required		ditional	
	6. Name and Address of Current R	egistered Agent			7. Name and Address of New Register	ed Agent		
		<u> </u>	N	lame				
Brown, Kathy 700 Shady Ln.			S	treet Address (	ddress (P.O. Box Number is Not Acceptable) .			
FORT WA	ALTON BEACH FL 32547							
			C	ity		Zip Cod	е	
SIGNATURE	tions of registered agent.  Signature, typed or printed name of registered agent and	d title it applicable. (NOTi	E: Registered Age	int signature required	d when reinstating) DA	TÉ		
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 ok Payable to Florida Department of \$	State			Election Carnpaign Financing     Trust Fund Contribution.		May Be	
10	OFFICERS AND D	IRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, KATHY 222 NEWCASTLE DR. FORT WALTON BEACH FL 32547	☐ Delete	TITLE NAME STREET AD CITY-ST-2	i i		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, DENNIS 222 NEWCASTLE DR. FORT WALTON BEACH FL 32547	☐ Delete	TITLE NAME STREET AD CITY-ST-2			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRISSOM, PAMELA 154 HOMEWOOD DR. FORT WALTON BEACH FL 32548	☐ Delete	TITLE NAME STREET AD CITY-ST-2			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRISSOM, RONALD 154 HOMEWOOD DR. FORT WALTON BEACH FL 32548	☐ Delete	TITLE NAME STREET AD CITY-ST-Z			☐ Change	☐ Addition	
TITLE		☐ Delete	TITLE			Change	Addition	

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.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Addition