

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2000 8:00 am
Secretary of State

05-11-2000 90287 005 ***150.00

DOCUMENT # P99000103353

1. Entity Name

SIBERIAN HUSKY RESCUE OF FLORIDA, INC.

Principal Place of Business

**1831 BAYOU GRANDE BOULEVARD, N.E.
ST. PETERSBURG FL 33703**

Mailing Address

**1831 BAYOU GRANDE BOULEVARD, N.E.
ST. PETERSBURG FL 33703**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 8727

Suite, Apt. #, etc.

Seminole, Florida

Zip 33775

Country

4. FEI Number

59-3612332

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

**KASZER, VIRGINIA ANNE
1831 BAYOU GRANDE BOULEVARD, N.E.
ST. PETERSBURG FL 33703**

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, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **KASZER, VIRGINIA ANNE**
STREET ADDRESS **1831 BAYOU GRANDE BOULEVARD, N.E.**
CITY-ST-ZIP **ST. PETERSBURG FL 33703**

TITLE **P/D** ☒ Change ☐ Addition
NAME **KASZER, VIRGINIA ANNE**
STREET ADDRESS **1831 Bayou Grande Blvd. N.E.**
CITY-ST-ZIP **St. Petersburg, FL 33703**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **SHVEIMA, NICHOLE**
STREET ADDRESS **8606 Cattail Drive**
CITY-ST-ZIP **Tampa, FL 33637**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **DOMINIQUE, CAROLYN L.**
STREET ADDRESS **10947 Temple Avenue**
CITY-ST-ZIP **Seminole, FL 33772**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **ROBSON, SUSAN**
STREET ADDRESS **10037 - 88th Way N.**
CITY-ST-ZIP **Seminole, FL 33777**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Susan Robson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00
Date

727.588.6060
Daytime Phone #

CR2E034 (9/99)