


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90145 021 \*\*\*\*61.25

**DOCUMENT # N99000004209**

1. Entity Name  
**FLORIDA COCKER SPANIEL RESCUE, INC.**



Principal Place of Business      Mailing Address

**LOVE ON PAWS**      **LOVE ON PAWS**  
**4635 LAND O' LAKES BLVD.**      **4635 LAND O' LAKES BLVD.**  
**LAND O' LAKES FL 34639**      **LAND O' LAKES FL 34639**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-3581852**      Applied For  
Not Applicable

5. Certificate of Status Desired?       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BARON, NANCY**  
**25910 BLUE JAY PLACE**  
**WESLEY CHAPEL FL 33544**

7. Name and Address of New Registered Agent

Name

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

City      **FL**      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	<b>CANSLER, CAROL</b>	
STREET ADDRESS	<b>27117 HICKORY HILL RD</b>	
CITY-ST-ZIP	<b>BROOKSVILLE FL 34602-8290</b>	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	<b>BARON, NANCY</b>	
STREET ADDRESS	<b>25910 BLUE JAY PL</b>	
CITY-ST-ZIP	<b>WESLEY CHAPEL FL 33544</b>	
TITLE	TS	<input type="checkbox"/> Delete
NAME	<b>BARON, NANCY</b>	
STREET ADDRESS	<b>25910 BLUE JAY PLACE</b>	
CITY-ST-ZIP	<b>WESLEY CHAPEL FL 33544</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 617, 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 employees.

SIGNATURE: *NANCY BARON*      *Nancy Baron*      4-2-03      (813)996-7969

CR2E037 (10/02)