


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

FILED

03 SEP 12 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N95000000588**
 1. Entity Name **K-9 SEARCH & RESCUE
OF SOUTH FLORIDA, INC.**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **18221 PALM CREEK DR.**
 Suite, Apt. #, etc. **1**

3. Mailing Address **18221 PALM CREEK DR.**
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

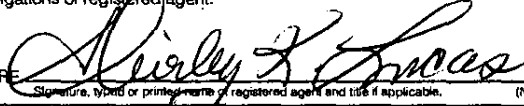
City & State **N. Ft. Myers, FL** City & State **N. Ft. Myers, FL** 4. FEI Number **650471808** Applied For Not Applicable

Zip **33917** Country **USA** Zip **33917** Country **USA** 5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
 Name **Shirley K. Lucas**
 Street Address (P.O. Box Number is Not Acceptable) **18221 PALM CREEK DRIVE**
 City **N. Ft. Myers** FL Zip Code **33917**

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  **SHIRLEY K. LUCAS** **Sept. 9, 2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE


FEE IS \$61.25 Initial or Amended UBR

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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT, TREASURER & DIRECTOR SHIRLEY K. LUCAS 18221 PALM CREEK DR. N. FT. MYERS, FL 33917	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900023029349 09/12/03--01084--005 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. PRESIDENT & DIRECTOR C.M. LUCAS 18221 PALM CREEK DR. N. FT. MYERS, FL 33917	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY & DIRECTOR ELEANOR MEYERS 2410 DE AVE. N. FT. MYERS, FL 33917	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **9/9/03** **543-2252**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**(239)
543-6378
2/8/15**

CR2E037B (12/02)