

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

FILED

09 OCT 20 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GD9000166842
10/20/09--01001--005 **50.00

This space for office use only

1. Fictitious Name to be Registered (see instructions if name includes "Corp" or "Inc")

Mailing Address of Business

City State Zip Code

3. Florida County of principal place of business:

(see instructions if more than one county)

FEI Number:

A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):

1. Last First M.I.

Address

City State Zip Code

2. Last First M.I.

Address

City State Zip Code

B. Owner(s) of Fictitious Name If other than an individual: (Use attachment if necessary):

1. Entity Name

Address

City State Zip Code

Florida Document Number

FEI Number:

☐ Applied for ☐ Not Applicable

2. Entity Name

Address

City State Zip Code

Florida Document Number

FEI Number:

☐ Applied for ☐ Not Applicable

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance with Section 865.09, F.S., I (we) further certify that the fictitious name shown in Section 1 of this form has been advertised at least once in a newspaper as defined in chapter 50, Florida Statutes, in the county where the applicant's principal place of business is located. I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

Signature of Owner

Date

E-mail address: (to be used for future renewal notification)

Phone Number:

FOR CANCELLATION COMPLETE SECTION 4 ONLY:

FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:

I (we) the undersigned, hereby cancel the fictitious name Association of Sugar Glider Veterinarians, which was registered on 7/13/2009 and was assigned registration number GD9000134327

Signature of Owner

Date

Signature of Owner

Date

Mark the applicable boxes

☐ Certificate of Status — \$10

☐ Certified Copy — \$30

NON-REFUNDABLE PROCESSING FEE: \$50

Single

CR4E001 (5/09)

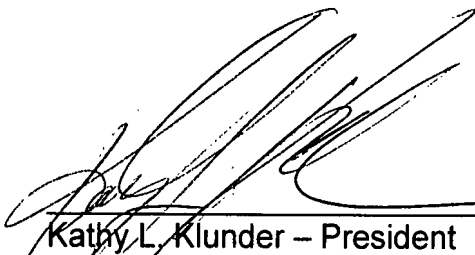
October 19, 2009


**NOTICE OF UNAUTHORIZED REGISTRATION
AND CANCELLATION:**

The following fictitious name registration

Association of Sugar Glider Veterinarians
Document number: G090001343327

**was filed fraudulently and without authorization
from Global Retail Enterprises, Inc.**


Kathy L. Klunder – President Date 10/19/09

Notary Public  10/19/09
Commission exp 5/8/2012

