

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 462959

1. Entity Name

GEORGE AND SISSERSON, D.V.M., P.A.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90055 002 ***158.75

Principal Place of Business 230 FORTENBERRY RD. MERRITT ISLAND FL 32952	Mailing Address 230 FORTENBERRY RD. MERRITT ISLAND FL 32952-3619
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1945208		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	
GEORGE, RICHARD E DVM 230 FORTENBERRY RD MERRITT ISLAND FL 32952		Name Thomas L. Sisserson, DVM Street Address (P.O. Box Number is Not Acceptable) 230 Fortenberry Road City Merritt Island FL Zip Code 32952	

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 Thomas L. Sisserson, DVM DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GEORGE, RICHARD E DVM 230 FORTENBERRY RD. MERRITT ISLAND FL	☒ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SISSERSON, THOMAS L DVM 230 FORTENBERRY RD. MERRITT ISLAND FL	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition

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 another line empowered.

SIGNATURE: Thomas L. Sisserson, DVM DATE 4-21-2000 DAYTIME PHONE # 321 453-2430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR