

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000111403

1. Entity Name
CRANKSHAW VETERINARY SERVICES, INC.

Principal Place of Business
3018 NW COKER STREET
ARCADIA FL 34266

Mailing Address
3018 NW COKER STREET
ARCADIA FL 34266

2. Principal Place of Business
1548 S.W. Wisteria St.
Suite, Apt. #, etc.

3. Mailing Address
1548 S.W. Wisteria St.
Suite, Apt. #, etc.

City & State
Arcadia, FL
Zip
34266
Country
USA

City & State
Arcadia FL
Zip
34266
Country
USA

4. FEI Number
59-3697548

Applied for
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

CRANKSHAW, WILLIAM W
3018 NW COKER STREET
ARCADIA FL 34266

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.

SIGNATURE *William W. Crankshaw*

DATE 10/15/01

(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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE D
NAME CRANKSHAW, WILLIAM W
STREET ADDRESS 3018 NW COKER STREET
CITY-ST-ZIP ARCADIA FL 34266 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME Crankshaw, William W
STREET ADDRESS 1548 S.W. Wisteria St.
CITY-ST-ZIP Arcadia, FL 34266

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

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

TITLE ☐ Change ☐ Addition
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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: *William W. Crankshaw*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/15/01 Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 19 PM 1:38



REINSTATEMENT

0126740 AT

CR2E034 (5/01)