

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90401 038 \*\*\*150.00

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**DOCUMENT # P02000117320**

1. Entity Name  
**TIFFANY ATTEBERRY, D.V.M., P.A.**



Principal Place of Business  
**551 SW 85TH ST.  
OCALA FL 34476**

Mailing Address  
**551 SW 85TH ST.  
OCALA FL 34476**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
**P.O. Box 5808**  
Suite, Apt. #, etc.  
**OCALA FL**  
City & State  
Zip  
**34478**

Country  
**MARION**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**THE MCGOVERN GROUP, INC.**  
**2237 RIVERSIDE AVE.**  
**JACKSONVILLE FL 32204**

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 The McGovern Group Inc Carolyn P. McGovern President 1/9/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ATTEBERRY, TIFFANY</b> <b>551 SW 85TH ST.</b> <b>OCALA FL 34476</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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 empowered.

SIGNATURE: TIFFANY ATTEBERRY **SIGNATURE REQUIRED** Tiffany Atteberry 1/9/03 (352) 289-0955  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)