

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90122 044 ***150.00

DOCUMENT # P93000058984

1. Entity Name

NORTH SHORE ANIMAL HOSPITAL, INC.

Principal Place of Business

Mailing Address

**1230 NORTH TAMiami TRAIL
 NORTH FORT MYERS FL 33903**

**1230 NORTH TAMiami TRAIL
 NORTH FORT MYERS FL 33903-5333**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0433561

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SENSEMAN, SHARON J
 1230 NORTH TAMiami TRAIL
 NORTH FORT MYERS FL 33903**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$350.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	SENSEMAN, LOIS ANN
STREET ADDRESS	1230 NO TAMiami TR
CITY-ST-ZIP	NO FT MYERS FL 33903
TITLE	D <input type="checkbox"/> Delete
NAME	SENSEMAN, SHARON J
STREET ADDRESS	1230 NORTH TAMiami TRAIL
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903
TITLE	D <input type="checkbox"/> Delete
NAME	SENSEMAN, TERESA ANN
STREET ADDRESS	1230 N TAMiami TR
CITY-ST-ZIP	N FT MYERS FL 33903
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Lois Ann Sensemman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-00

Date

941-995-2883

Daytime Phone #

CR2E034 (9/99)