

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 15, 2001 8:00 am**  
**Secretary of State**

0383387

**DOCUMENT # P93000058984**

03-15-2001 90026 046 \*\*\*150.00

1. Entity Name  
**NORTH SHORE ANIMAL HOSPITAL, INC.**

Principal Place of Business <b>1230 NORTH TAMiami TRAIL          NORTH FORT MYERS FL 33903</b>	Mailing Address <b>1230 NORTH TAMiami TRAIL          NORTH FORT MYERS FL 33903</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number <b>65-0433561</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**SENSEMAN, SHARON J  
 1230 NORTH TAMiami TRAIL  
 NORTH FORT MYERS FL 33903**

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 \_\_\_\_\_ 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.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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

11. OFFICERS AND DIRECTORS

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: *Lois Ann Senseman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**X3-10-01 941-995-2883**  
 Date Daytime Phone #

CR2E034 (10/00)