

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 05, 2002 8:00 am**  
**Secretary of State**

08-05-2002 90009 046 \*\*\*550.00

**DOCUMENT # P93000058984**

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

Principal Place of Business  
**1230 NORTH TAMIAMI TRAIL  
 NORTH FORT MYERS FL 33903**

Mailing Address  
**1230 NORTH TAMIAMI TRAIL  
 NORTH FORT MYERS FL 33903**



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 **Teresa Ann Senseman Kincaide**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1230 NORTH TAMIAMI TRAIL**  
 City **NORTH Ft Myers** **FL** Zip Code **33903**

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 *[Signature]*  
 Signature of registered agent and title if applicable

DATE **8-1-02**

(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 13, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TERESA ANN SENSEMAN KINCAIDE</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **8/1/02**

Daytime Phone #

CR2E034 (4/02)