

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

0512003 AV

**DOCUMENT # P93000058984**



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

04-14-2003 90056 043 \*\*\*150.00

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

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



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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SEUSEMAN-KINCADE, TERESA A  
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. I am familiar with, and accept the obligations of registered agent.

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

11. 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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: *L. Sensesman* **4/10/03** *L. Sensesman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)