

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 OCT -3 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000068865**

1. Entity Name
HILL TOP ANIMAL CLINIC, INC.



Principal Place of Business
**23703 E SR 44
EUSTIS FL 32736
US**

Mailing Address
**23703 E SR 44
EUSTIS FL 32736
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3337329**

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

**GALBRAITH, LINDA M
23703 E SR 44
EUSTIS FL 32736**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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	Change	Addition
	DPST GALBRAITH, LINDA M	23703 E SR 44	EUSTIS FL	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: Linda Galbrith **REQUIRED** 9-15-03 352 589-6365

CR2E034 (4/03)

HILL TOP ANIMAL CLINIC, INC.
23703 EAST STATE ROAD 44
EUSTIS, FL 32736

ATTACHMENT
PA5000068865
80148966


Division of Corporation
Uniform Business Report Filings
P.O. Box 1500
Tallahassee Fl. 32302-1500

Dear Sirs:

Please find enclosed my companies UBR for 2003 and my check for \$150.00 to cover the filing fee.

I am requesting that you process the UBR as timely due to the fact that I never received the original report.

Thank you for your help in this mater.



Linda Galbraith President

Miami, September 29, 2003

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: VIDEO CORAL, INC.
Doc Number P02000087361

Dear Sir or Madam:

Please find enclosed an application for reinstatement with our new address.

We have never received the 2002 Uniform Business Report. We think it was sent to a different location.


We are enclosing a check for \$150 to cover the following fees:

2002 Uniform Business Report

We want to ask you for consideration and waive the penalty for reinstatement of our organization, which was incorporated in 2002.

Your consideration will be greatly appreciated.

Sincerely,



Oscar Amicarelli
President
410 NE 2nd Street
Hallandale, FL 33009