## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

## **FILED** DOCUMENT # P98000087183 Mar 27, 2000 8:00 am **Secretary of State** SHAFFER ANIMAL HOSPITAL, P.A. 03-27-2000 90097 023 \*\*\*150.00 Mailing Address Principal Place of Business 11937 EAST COLONIAL DRIVE 11937 EAST COLONIAL DRIVE ORLANDO FL 32826-4729 ORLANDO FL 32826 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3537538 Not Applicable Country \$8.75 Additional Zip Country, ہے 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SHAFFER, D.V.M. SHAFFER, KENDRA W Idress (P.O. Box Number is Not Acceptable) 11937 EAST COLONIAL DRIVE ORLANDO FL 32826 City OVIE DO 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITI F SHAFFER, JEFFREY DVM NAME NAME STREET ADDRESS 4501 CHULUOTA ROAD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ORLANDO FL 32820 Change Addition ☐ Delete TITLE TITLE SHAFFER, KENDRA W D.V.M. NAME NAME STREET ADDRESS 4501 CHULUOTA ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32820 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 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.