

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 27, 2001 8:00 am**  
**Secretary of State**

02-27-2001 90347 009 \*\*\*150.00

**DOCUMENT # P98000087183**

1. Entity Name  
**SHAFFER ANIMAL HOSPITAL, P.A.**

Principal Place of Business  
**11937 EAST COLONIAL DRIVE  
 ORLANDO FL 32826**

Mailing Address  
**11937 EAST COLONIAL DRIVE  
 ORLANDO FL 32826**

**814992**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1475 E. MITCHELL Hammock RD**

3. Mailing Address  
**1475 E. MITCHELL Hammock RD**

City & State  
**OVIEDO FL**

City & State  
**OVIEDO FL**

4. FEI Number **59-3537538**  
 Applied For  
 Not Applicable

Zip **32765** Country

Zip **32765** 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**

**SHAFFER, KENDRA W  
 1475 E MITCHELL HAMMOCK  
 OVIEDO FL 32765**

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

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 \$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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P SHAFFER, JEFFREY DVM 4501 CHULUOTA ROAD ORLANDO FL 32820</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ST SHAFFER, KENDRA W D.V.M. 4501 CHULUOTA ROAD ORLANDO FL 32820</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
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

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
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

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: *Kendra Shaffer* **Kendra Shaffer** **2/19/01** **407-599-5900**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)