

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90040 003 ***150.00

DOCUMENT # P99000014299

1. Entity Name

VETERINARY ACUPUNCTURE & COMPLEMENTARY THERAPY,

Principal Place of Business

**742 CLAY ST
 WINTER PARK FL 32789
 US**

Mailing Address

**10773 WILLOWWOOD CT
 CLERMONT FL 34711**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3560308

Applied For

Not Applicable

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

**DI NATALE, CONSTANCE
 10773 WILLOWWOOD CT
 CLERMONT FL 34711**

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 \$550.00
 After September 12, 2001 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **DINATALE, CONSTANCE**
 CITY-ST-ZIP **10773 WILLOWWOOD CT
 CLERMONT FL 34711**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 persons empowered.

SIGNATURE:

Constance Dinatale

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 16, 2001 **407-644-0080**

Date

Daytime Phone #

0102647 AV

CR2E034 (5/01)



Attachment

Veterinary Acupuncture & Complementary Therapy

CONSTANCE A. DINATALE, D.V.M.

742 CLAY STREET

WINTER PARK, FL 32789

TELEPHONE: (407) 644-0080

FAX: (407) 644-0046

Dir. # P99000014299
A079136

July 16, 2001

To whom it may concern:

I have enclosed a check for \$150.00 for my S-Corporation renewal. I never received a statement earlier this year, and was unaware that a payment was due. When I called upon receipt of this new statement, I was told to remit \$150.00 and send a letter to this effect.

Sincerely,

Constance DiNatale, D.V.M.