2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State
02-21-2002 90112 040 ***150.00

DOCUMENT # S78646

1. Entity Name
WESTCOAST VETERINARY SERVICES, INC.

Principal Place of Business	Mailing Address
2306 IMMOKALEE RD NAPLES FL 33942	2306 IMMOKALEE RD NAPLES FL 33942

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3220 63rd ST SW	3220 63rd ST SW
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples FL	City & State: Naples FL
Zip: 34105 Country: USA	Zip: 34105 Country: USA

4. FEI Number 59-3085151 ☐ 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
JAY, JANA V 3061 TERRACE AVE NAPLES FL 33942	Name: Richard A. Szempruch Street Address (P.O. Box Number is Not Acceptable): 3077 50th Lane SW City: Naples FL Zip Code: 34116

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: Richard A. Szempruch (Signature, typed or printed name of registered agent and title if applicable.) Richard A. Szempruch (NOTE: Registered Agent signature required when reinstating) DATE: 2-5-02

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, 2002 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	PD SZEMPRUCH, NED 2306 IMMOKALEE RD NAPLES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST SZEMPRUCH, NED 2306 IMMOKALEE RD NAPLES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SZEMPRUCH, SUSAN 2306 IMMOKALEE RD NAPLES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: SIGNATURE REQUIRED Richard A. Szempruch 2-5-02 941-434-6236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)