

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 249769

1. Entity Name

WEST BROWARD ANIMAL HOSPITAL, INC.

Principal Place of Business

LLOYD W GEORGE  
2875 W BROWARD BLVD  
FT LAUDERDALE FL 33312

Mailing Address

LLOYD W GEORGE  
2875 W BROWARD BLVD  
FT LAUDERDALE FL 33312

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

59-0937756

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GEORGE, LLOYD W  
2400 SW 28 TERR  
FORT LAUDERDALE FL

7. Name and Address of New Registered Agent

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

TITLE PD  
NAME GEORGE, LLOYD W  
STREET ADDRESS 2400 SW 28 TERR.  
CITY-ST-ZIP FORT LAUDERDALE FL ☐ Delete

TITLE S  
NAME GEORGE, MARILYN  
STREET ADDRESS 2400 SW 28 TERR  
CITY-ST-ZIP FORT LAUDERDALE FL ☐ Delete

TITLE D  
NAME GEORGE, MELANIE  
STREET ADDRESS 1560 S.W. 23RD AVENUE  
CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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: Lloyd W. George Lloyd W. George

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-01

Date

954-593-5110

Daytime Phone #

CR2E034 (10/00)

0255558

FILED  
Apr 02, 2001 8:00 am  
Secretary of State

04-02-2001 90070 043 \*\*\*150.00



DO NOT WRITE IN THIS SPACE