

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2002 8:00 am**  
**Secretary of State**

02-17-2002 90003 008 \*\*\*150.00

**DOCUMENT # 336814**

**1. Entity Name**  
**PLANTATION ANIMAL CLINIC INC**

**Principal Place of Business**

**50 NW UNIVERSITY DR  
 PLANTATION FL 33324**

**Mailing Address**

**50 NW UNIVERSITY DR  
 PLANTATION FL 33324**

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. FEI Number**

**59-1224622**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
 Fee Required**

**6. Name and Address of Current Registered Agent**

**ISOM, JAMES K.  
 50 N.W. UNIVERSITY DR.  
 PLANTATION FL 33313**

**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, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

**10. Election Campaign Financing  
 Trust Fund Contribution.**

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**\$5.00 May Be  
 Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ISOM, JAMES K. 50 N.W. UNIVERSITY DR. PLANTATION FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOWARD, JOHN H. 50 N.W. UNIVERSITY DR. PLANTATION FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLARAKE, GARY 50 NW UNIVERSITY DR PLANTATION FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KOSSOFF, SAMANTHA 50 NW UNIVERSITY DRIVE PLANTATION FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MC INERNEY, MODIE T 50 NW UNIVERSITY DRIVE PLANTATION, FL	<input type="checkbox"/> Delete

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

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 checked="" 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 life empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)