

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 393792**

1. Entity Name

ORANGE PARK ANIMAL HOSPITAL INC.**FILED**
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90088 032 ***150.00

Principal Place of Business

**1244 PARK AVE
ORANGE PARK FL 32073**

Mailing Address

**1244 PARK AVE
ORANGE PARK FL 32073**

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 **59-1378323**

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

**MCKEE, DOUGLAS C
1244 PARK AVE
ORANGE PARK FL 32073**

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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	PD			<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	MCKEE, D C	1244 PARK AVE	ORANGE PARK, FL 00000							
	SD			<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	MCKEE, DOUGLAS L	1244 PARK AVE	ORANGE PARK FL							
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<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.

DOUGLAS C. MCKEE, DVM**SIGNATURE: Douglas C McKee DVM**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-01 904-264-6561

Date

Daytime Phone #

CR2E034 (10/00)