

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90164 025 ***158.75

DOCUMENT # 460354

1. Entity Name

MAURY B. LINKOUS, D.V.M., P.A.

Principal Place of Business

Mailing Address

7951 GUNN HWY.
 TAMPA FL 33626
 US

7951 GUNN HWY.
 TAMPA FL 33556-2044
 US

001410



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

9305 Roberts Rd.

9305 Roberts Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Odessa FL

City & State

Odessa FL

4. FEI Number

59-1565078

Applied For

Not Applicable

Zip

33556

Country

USA

Zip

33556

Country

USA

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

LINKOUS, MAURY B.
 7951 GUNN HWY.
 TAMPA FL 33626

Name

Maury B. Linkous, DVM

Street Address (P.O. Box Number is Not Acceptable)

9305 Roberts Rd.

City

Odessa

FL

Zip Code

33556

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

Maury B. Linkous, DVM
 Signature, type or printed name of registered agent and title if applicable

Maury B. Linkous, D.V.M.
 (NOTE: Registered Agent signature required when reinstating)

1-10-99
 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, 2000 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: *ST* Delete
 NAME: *LINKOUS, CAROLYN*
 STREET ADDRESS: *9305 Roberts Rd.*
 CITY-ST-ZIP: *Odessa, FL 33556*

TITLE: Change Addition
 NAME: *Linkous, Carolyn*
 STREET ADDRESS: *9305 Roberts Rd.*
 CITY-ST-ZIP: *Odessa, FL 33556*

TITLE: *D* Delete
 NAME: *LINKOUS, MAURY*
 STREET ADDRESS: *9305 Roberts Rd.*
 CITY-ST-ZIP: *Odessa, FL 33556*

TITLE: Change Addition
 NAME: *Linkous, Maury*
 STREET ADDRESS: *9305 Roberts Rd.*
 CITY-ST-ZIP: *Odessa, FL 33556*

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

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

TITLE: Delete
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 Change Addition

TITLE: Delete
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 CITY-ST-ZIP:
 Change Addition

TITLE: Change Addition
 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:

Maury B. Linkous, D.V.M.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-99
 Date

Maury B. Linkous, DVM *813-920-6590*
 Daytime Phone #

CR2E034 (9/99)