

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2000 8:00 am
Secretary of State
 01-29-2000 90135 025 ***150.00

DOCUMENT # 461116

1. Entity Name

JOHN P. PILARCZYK, D.V.M., P.A.

Principal Place of Business

Mailing Address

**8410 EAST TEMPLE TERRACE HIGHWAY
 TEMPLE TERRACE FLORIDA 33637-5808**

**8410 EAST TEMPLE TERRACE HIGHWAY
 TEMPLE TERRACE FLORIDA 33637-5808**

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 **59-1551382**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

B0010826



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PILARCZYK, JOHN P.
 8410 EAST TEMPLE TERRACE HIGHWAY
 TEMPLE TERRACE FLORIDA**

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, 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	PD <input type="checkbox"/> Delete
NAME	PILARCZYK, JOHN P.
STREET ADDRESS	514 GARRARD
CITY-ST-ZIP	TEMPLE TERRACE FL
TITLE	D <input type="checkbox"/> Delete
NAME	PILARCZYK, KATHLEEN A.
STREET ADDRESS	514 GARRARD
CITY-ST-ZIP	TEMPLE TERRACE FL
TITLE	T <input type="checkbox"/> Delete
NAME	PILARCZYK, JOHN P.
STREET ADDRESS	514 GARRARD
CITY-ST-ZIP	TEMPLE TERRACE FL
TITLE	S <input type="checkbox"/> Delete
NAME	PILARCZYK, KATHLEEN A.
STREET ADDRESS	514 GARRARD
CITY-ST-ZIP	TEMPLE TERRACE FL
TITLE	P <input type="checkbox"/> Delete
NAME	PILARCZYK, JOHN P.
STREET ADDRESS	514 GARRARD
CITY-ST-ZIP	TEMPLE TERRACE FL
TITLE	V <input type="checkbox"/> Delete
NAME	PILZRCZYK, KATHLEEN A.
STREET ADDRESS	514 GARRARD
CITY-ST-ZIP	TEMPLE TERRACE FL

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

John P. Pilarczyk, D.V.M., P.A.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/00
 Date

813 985-6761
 Daytime Phone #