

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 462662

1. Entity Name

SNYDER ANIMAL HOSPITAL, P.A.

Principal Place of Business

10433 SCOTT MILL ROAD
JACKSONVILLE FL 32257

Mailing Address

10433 SCOTT MILL ROAD
JACKSONVILLE FL 32257

2. Principal Place of Business

10433 Scott Mill Rd

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jax Fla

City & State

Zip

32257

Country

USA

Zip

Country

6. Name and Address of Current Registered Agent

SNYDER, RUSSELL J.
10433 SCOTT MILL ROAD
JACKSONVILLE FL 32257

4. FEI Number

59-1556098

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

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

Russell J. Snyder

4-26-01

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 SNYDER, RUSSELL J
STREET ADDRESS 10433 SCOTT MILL ROAD
CITY-ST-ZIP JACKSONVILLE FL 32257

☐ Delete

TITLE S
NAME CHAMBERS, ROBIN R.
STREET ADDRESS 6003 PHILLIPS HWY
CITY-ST-ZIP JACKSONVILLE FL 32216

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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

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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:

Russell J. Snyder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01

Date

904-268-

Daytime Phone #

2316

CR2E034 (10/00)

01/16/2001

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

05-02-2001 90169 018 ***150.00

00046083



DO NOT WRITE IN THIS SPACE