

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 465363

FILED
Jan 04, 2002
Secretary of State

Entity Name: VETERINARY EMERGENCY CLINIC OF CENTRAL FLORIDA,INC.

Current Principal Place of Business:

882 JACKSON STREET
WINTER PARK, FL 32789

New Principal Place of Business:

195 CONCORD DRIVE
CASSELBERRY, FL 32707

Current Mailing Address:

882 JACKSON STREET
WINTER PARK, FL 32789

New Mailing Address:

195 CONCORD DRIVE
CASSELBERRY, FL 32707

FEI Number: 59-1565694

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CANADA, CAROLYN
882 JACKSON AVE
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

CANADA, CAROLYN
195 CONCORD DRIVE
CASSELBERRY, FL 32707 US

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:

01/04/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: PRIEHS, DANIEL
Address: 9901 SOUTH US HWY 17-92
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: HICKS, ROBERT
Address: 2229 BOGGY CREEK ROAD
City-St-Zip: KISSIMMEE, FL 34744

Title: D () Delete
Name: HAWKINS, GENYE
Address: 11265 SOUTH HWY. 441
City-St-Zip: ORLANDO, FL 32837

Title: D () Delete
Name: CANNON, RANDALL
Address: 753 FAIRBANKS DR.
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: RUBINSTEIN, RICHARD
Address: 1484 TUSCAWILLA RD
City-St-Zip: OVIEDO, FL 32765

Title: P () Delete
Name: MYERS, BERNARD
Address: 5518 CENTRAL FL. PWY.
City-St-Zip: ORLANDO, FL 32821

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PRIEHS, DANIEL
Address: 9901 SOUTH US HWY 17-92
City-St-Zip: MAITLAND, FL 32751

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: HAWKINS, GENYE
Address: 11265 SOUTH HWY. 441
City-St-Zip: ORLANDO, FL 32837

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WILLIAMS, PAUL
Address: 1491 EAST STATE ROAD 434
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D (X) Change () Addition
Name: MYERS, BERNARD
Address: 5518 CENTRAL FL. PWY.
City-St-Zip: ORLANDO, FL 32821

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GENYE HAWKINS, D.V.M.

VP

01/04/2002

Electronic Signature of Signing Officer or Director

Date