

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90023 050 ***150.00

DOCUMENT # 466677

1. Entity Name

KINGSLEY AVENUE ANIMAL HOSPITAL, P.A., CARL A. G

Principal Place of Business

Mailing Address

**KINGSLEY AVE.
 PARK FLORIDA 32073**

**1070 KINGSLEY AVE.
 ORANGE PARK FLORIDA 32073-4706**

U 4 7 0 0 1

2. Principal Place of Business

1070 KINGSLEY AVE

Suite, Apt. #, etc.

ORANGE PARK, FL

City & State

ORANGE PARK, FLA.

Zip

32073

Country

CLAY

3. Mailing Address

3225 CALLIE CT

Suite, Apt. #, etc.

City & State

GREEN COVE SPRINGS, FLA.

Zip

32043

Country

CLAY



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1635523

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

GUILL, CARL

1070 KINGSLEY AVE.

ORANGE PARK FLORIDA FL 32073

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

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

TITLE	P	<input type="checkbox"/> Delete
NAME	GUILL, CARL	
STREET ADDRESS	3225 CALLIE COURT	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	GUILL, JUDITH	
STREET ADDRESS	3225 CALLIE COURT	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

JUDITH A. GUILL
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

C-721 034 (9/99)