

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90017 009 \*\*\*150.00

**DOCUMENT # 491736**

1. Entity Name  
**COLONIAL ANIMAL HOSPITAL, INC.**



Principal Place of Business  
**COLONIAL ANIMAL HOSPITAL**  
**127 SE 15TH AVE.**  
**BOYNTON BCH FL 33435**

Mailing Address  
**COLONIAL ANIMAL HOSPITAL**  
**127 SE 15TH AVE.**  
**BOYNTON BCH FL 33435**

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 **59-1641465**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of ~~Now~~ Registered Agent

**WEEGE, JAMES F.**  
**127 SE 15 AVE**  
**BOYNTON BEACH FL 33435**

Name **James F. Weege**  
Street Address (P.O. Box Number is Not Acceptable)  
**19 Sabal Island Drive**  
**Ocean Ridge, FL**  
City **FL** Zip Code **33435**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **WEEGE, JAMES F.**  
STREET ADDRESS **19 SABAL ISLAND DRIVE**  
CITY-ST-ZIP **OCEAN RIDGE FL**

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

TITLE **S** ☐ Delete  
NAME **WEEGE, JAMES**  
STREET ADDRESS **19 SABAL ISLAND DR.**  
CITY-ST-ZIP **OCEAN RIDGE FL**

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

TITLE **D** ☐ Delete  
NAME **WEEGE, JAMES**  
STREET ADDRESS **19 SABAL ISLAND DRIVE**  
CITY-ST-ZIP **OCEAN RIDGE FL**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6 Jan 03 561-737-6448**  
Date Daytime Phone #

CR2E034 (10/02)