

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 513628

Entity Name
SUNRISE ANIMAL HOSPITAL, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90121 023 ***150.00

Principal Place of Business
190 NW 61 AVENUE
SUNRISE FL 33313

Mailing Address
1190 NW 61 AVENUE
SUNRISE FL 33313

Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1691267

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, OLIVER R
1190 NW 61 AVE
SUNRISE FL 33313

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2002 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

1. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------|--|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | JONES, OLIVER R. | |
| STREET ADDRESS | 1190 N.W. 61ST AVE. | |
| CITY-STATE-ZIP | SUNRISE FL | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | JONES, KRISTINE B. | |
| STREET ADDRESS | 1190 N.W. 61ST AVE | |
| CITY-STATE-ZIP | SUNRISE FL | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | BURLEY, FRANCIS I. | |
| STREET ADDRESS | 201 SW 63RD TERR. | |
| CITY-STATE-ZIP | PLANTATION FL | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | BURLEY, R. DEXTER | |
| STREET ADDRESS | 201 SW 63RD TERR. | |
| CITY-STATE-ZIP | PLANTATION FL | |
| TITLE | VP2 | <input type="checkbox"/> Delete |
| NAME | JONES, LURA | |
| STREET ADDRESS | 1190 NW 61 AVE. | |
| CITY-STATE-ZIP | SUNRISE FL | |
| TITLE | VP3 | <input checked="" type="checkbox"/> Delete |
| NAME | HARRISON, AMY | |
| STREET ADDRESS | 1190 NW 61 AVE. | |
| CITY-STATE-ZIP | SUNRISE FL | |

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

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:

Oliver R. Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)