

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 602926

1. Entity Name
JACKSON VETERINARY PRACTICE, P.A.

Principal Place of Business
1925 AIA S
ST AUGUSTINE FL 32084

Mailing Address
1925 AIA S
ST AUGUSTINE FL 32084

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip 32080 Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip 32080 Country

4. FEI Number 59-1352092
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BECKETT, RACHEL S
795 KINGS ESTATE RD
ST AUGUSTINE FL 32086

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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEYMOUR, W. GOODWIN		NAME		
STREET ADDRESS	3653 CRAZY HORSE TRL		STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKETT, RACHEL		NAME		
STREET ADDRESS	795 KINGS ESTATE RD		STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORICKI, CONSTANCE		NAME		
STREET ADDRESS	1608 SANTA MANE COURT		STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL 32084		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: [Signature] 3/13/01 904-471-304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Mar 16, 2001 8:00 am
Secretary of State
03-16-2001 90011 006 ***150.00

00023733



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)