

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2003 8:00 am**  
**Secretary of State**

02-26-2003 90140 038 \*\*\*150.00

**DOCUMENT # 602970**

1. Entity Name  
**HOWELL BRANCH ANIMAL HOSPITAL, P.A.**



Principal Place of Business  
**1401 HOWELL BRANCH ROAD  
WINTER PARK FL 32789**

Mailing Address  
**12401 W. OLYMPIC BLVD  
LOS ANGELES CA 90064**

2. Principal Place of Business

**C/O**

3. Mailing Address  
**N. Townsend/Broad & Cassel**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**390 N. Orange Ave. #1100**

City & State

City & State

**Orlando, FL**

Zip

Country

**32801**

Country

4. FEI Number **59-1359947**

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

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD  
PLANTATION FL 33324**

Name

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

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PCED ANTIN, ROBERT L 12401 W. OLYMPIC BLVD LOS ANGELES CA 90064-1022</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD TAUBER, NEIL 12401 W. OLYMPIC BLVD LOS ANGELES CA 90064-1022</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD ANTIN, ARTHUR J 12401 W. OLYMPIC BLVD LOS ANGELES CA 90064-1022</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TCFO FULLER, TOMAS W 12401 W. OLYMPIC BLVD LOS ANGELES CA 90064-1002</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Dr. Kenneth E. Acre, Jr. Personal Representative of the Estate of Kenneth E. Acre, Sr. 164 Dickens Ave. Tulare, CA 93274 (President/Sec)</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Kenneth E. Acre, Jr.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-16-03 5597997332**

Date

Daytime Phone #

CR2E034 (10/02)



390 NORTH ORANGE AVENUE  
SUITE 1100  
ORLANDO, FLORIDA 32801  
P.O. BOX 4961 (32802-4961)  
TELEPHONE: 407.839.4200  
FACSIMILE: 407.425.8377  
www.broadandcassel.com

**NATHAN TOWNSEND**  
DIRECT LINE: (407) 839-4200  
DIRECT FACSIMILE: (407) 650-0923  
EMAIL: ntownsen@broadandcassel.com

February 24, 2003

**VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED**

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Howell Branch Animal Hospital, P.A.

Dear Sir or Madam:

Enclosed for filing please find our client's check in the amount of \$150.00 for the filing of the enclosed 2003 For Profit Corporation Uniform Business Report (UBR).

Please do not hesitate to contact the undersigned at 407-839-4200, should you have any questions.

Sincerely,

BROAD AND CASSEL

Nathan Townsend

NT:jmb

Enclosures

cc: Dr. Kenneth Acre, Jr.