

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91283 028 \*\*\*150.00

**DOCUMENT # 604876**

1. Entity Name  
**ANIMAL EMERGENCY CLINIC OF ST. PETERSBURG, P.A.**

Principal Place of Business

**3165 22ND AVE NORTH  
 ST PETERSBURG FL 33713**

Mailing Address

**7000 CENTRAL AVE  
 ST PETERSBURG FL 33707-1213**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-1524294**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**FEW, ALBERT B  
 3258 5TH AVE S  
 ST. PETERSBURG FL 33712**

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, 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**

11. OFFICERS AND DIRECTORS

TITLE **TD** ☐ Delete  
 NAME **MILLS, FRANK M II**  
 STREET ADDRESS **7000 CENTRAL AVE**  
 CITY-ST-ZIP **ST PETERSBURG FL 33707-1213**

TITLE **VD** ☐ Delete  
 NAME **ALBERS, HAROLD**  
 STREET ADDRESS **5099 26TH AVE NORTH**  
 CITY-ST-ZIP **ST PETERSBURG FL 33710**

TITLE **D** ☐ Delete  
 NAME **GODFREY, ERNEST C. J**  
 STREET ADDRESS **8490 49TH ST.N.**  
 CITY-ST-ZIP **PINELLAS PARK FL**

TITLE **PD** ☐ Delete  
 NAME **FEW, ALBERT B.**  
 STREET ADDRESS **3258 5TH AVENUE SOUTH**  
 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*SIGNATURE: Frank M Mills II*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/28/02 (22)381-3739*

CR2E034 (9/01)