

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90392 009 \*\*\*150.00

MAILED AV

**DOCUMENT # 630033**  
 1. Entity Name  
**JOSEPH R. PRIEST, D.V.M., P.A.**

Principal Place of Business      Mailing Address  
~~809 WEST BEARSS AVENUE~~      ~~809 WEST BEARSS AVENUE~~  
**TAMPA FL 33613**      **TAMPA FL 33613**

2. Principal Place of Business      3. Mailing Address  
*14962 N. Fla. Ave*      *14962 N. Fla. Ave*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
*Tampa, FL*      *Tampa, FL*  
 City & State      City & State  
*33613*      *Tampa FL*

4. FEI Number      Applied For  
**59-1926388**      Not Applicable

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

Zip      Country      Zip      Country  
*USA*      *USA*      *33613*      *USA*



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**PRIEST, JOSEPH R.**  
~~809 WEST BEARSS AVENUE~~  
**TAMPA FL 33613**

*Note change ↑*

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD PRIEST, JOSEPH R, DVM 14016 SHADY SHORES DR TAMPA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TV PRIEST, DOLORES 14016 SHADY SHORES DR TAMPA FL</b>	<input 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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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
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

**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:** *Joseph R. Priest President*      *Joseph Priest*      *4/8/02*      *813 961-1222*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)

Attachment

#630033/034142

FROM THE DESK OF

JOSEPH R. PRIEST, D. V. M.

BEARSS ANIMAL CLINIC  
809 W. BEARSS AVE.  
TAMPA, FL. 33613

TELEPHONE 961-1222

★  
Change of  
Address

14962 N. Fla Ave.

Tpa Fl 33613

