

# 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

~~809 WEST BEARSS AVENUE~~  
**TAMPA FL 33613**

Mailing Address

~~809 WEST BEARSS AVENUE~~  
**TAMPA FL 33613**

2. Principal Place of Business

3. Mailing Address

**14962 N. Fla. Ave**  
**Tampa, FL**

**14962 N. Fla. Ave**  
**Tampa, FL**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**33613**  
**FL**

City & State

**Tampa FL**

Zip

Country

**USA**

Zip

Country

**33613**  
**USA**

4. FEI Number

**59-1926388**

Applied For

Not Applicable

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

**PRIEST, JOSEPH R.**

~~809 WEST BEARSS AVENUE~~  
**TAMPA FL 33613**

*Note change*

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **PSD**  
 STREET ADDRESS **PRIEST, JOSEPH R, DVM**  
 CITY-ST-ZIP **14016 SHADY SHORES DR**  
**TAMPA FL**

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

TITLE ☐ Delete  
 NAME **TV**  
 STREET ADDRESS **PRIEST, DOLORES**  
 CITY-ST-ZIP **14016 SHADY SHORES DR**  
**TAMPA FL**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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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:

*Joseph R. Priest President*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Joseph Priest 4/8/02 813 961-1222*

CR2E034 (9/01)

Attachment

#630033/634142

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

★