

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90175 043 ***150.00

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1. Entity Name

ARTHUR J. NESTVED, D.V.M., P.A.



Principal Place of Business

1928 SPRUCE CT
MAITLAND FL 32751
US

Mailing Address

1928 SPRUCE CT
MAITLAND FL 32751
US

2. Principal Place of Business

8 W Vanderbilt St

3. Mailing Address

P.O. Box 540272

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

Zip

32804

Country

USA
Orange

Zip

32854-0272

Country

USA
Orange

6. Name and Address of Current Registered Agent

NESTVED, ARTHUR J
1928 SPRUCE CT
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name

Nestved, Arthur J

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

8 W Vanderbilt St

City

Orlando

FL

Zip Code

32804

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.

Arthur J Nestved Pres.

03-03-03

(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

TITLE DP
NAME NESTVED, ARTHUR J
STREET ADDRESS 1928 SPRUCE CT
CITY-ST-ZIP MAITLAND FL ☒ Delete

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME Nestved, Arthur J
STREET ADDRESS PO Box 32854-0272
CITY-ST-ZIP Orlando FL 32854-0272 ☒ Change ☐ Addition

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

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

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

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

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

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:

SIGNATURE RECAHARD Nestved

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-03-03

Date

302-382-0291

Daytime Phone #

CR2E034 (10/02)