

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746758

1. Entity Name

SOCIETY OF AQUATIC VETERINARY MEDICINE, INC.

Principal Place of Business

Mailing Address

C/O ERNEST SMITH
18541 SE HERITAGE DRIVE
TEQUESTA FL 33469
US

% ERNEST SMITH
18541 SE HERITAGE DRIVE
TEQUESTA FL 33469
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2389593

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

SMITH, ERNEST K. DR.
18541 SE HERITAGE DRIVE
TEQUESTA FL 33469

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)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME JACK, DR. ROBERT
STREET ADDRESS 4250 E. CHAPMAN AVENUE
CITY-ST-ZIP ORANGE CA ☐ Delete

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

TITLE VP
NAME PADOVER, JON
STREET ADDRESS 400 WESTERN AVE
CITY-ST-ZIP MORRISTOWN NJ ☐ Delete

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

TITLE D
NAME PEARSON, TOM
STREET ADDRESS 2930 N MONATANA AVE
CITY-ST-ZIP HELENA MT ☐ Delete

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

TITLE TD
NAME CROPPER, SUSAN D
STREET ADDRESS 310 NEWTOWN RD
CITY-ST-ZIP WYCKOFF NJ 07481 ☐ Delete

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

TITLE D
NAME SMITH, ERNEST K
STREET ADDRESS 18541 SE HERITAGE DR
CITY-ST-ZIP TEQUESTA FL 33469 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90161 026 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)