

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

09-08-2003 90310 041 ***150.00
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DOCUMENT # F02000001506

1. Entity Name
ANIMAL HOSPITAL OF ISLAMORADA, INC.



FILED

03 OCT 17 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
P.O. BOX 1267
ISLAMORADA FL 33036

Mailing Address
P.O. BOX 1267
ISLAMORADA FL 33036

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1151407

Applied For
Not Applicable

Zip Country

Zip Country

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

THORRICK, JOSEPH E CPA
82245 OVERSEAS HWY.
ISLAMORADA FL 33036

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CPS
GLADE, CLIFFORD M
P.O. BOX 1267
ISLAMORADA FL 33036 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCVT
GLADE, DIANE T
P.O. BOX 1267
ISLAMORADA FL 33036 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

CLIFFORD M GLADE
Signature and Typed or Printed Name of Signing Officer or Director

Date

Daytime Phone #

CP2E034 (4/03)

REINSTATEMENT 03
TS

JOSEPH E. THORRICK, CPA

P.O. Box 315

Islamorada, Florida 33036

(305) 517-9669

October 15, 2003

FLORIDA DEPARTMENT OF STATE

Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

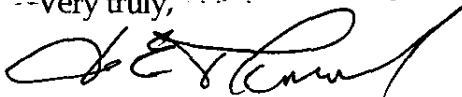
In Re: Animal Hospital of Islamorada, Inc.

Fed. I.D. No. 65-1151407

Gentlemen,

The above referenced taxpayer has asked me to respond to your Certificate of Administrative Dissolution or Revocation. The taxpayer has advised me that the proper renewal fee in the amount of \$150.00 was forwarded to you on 9/3/03, having cleared the bank on 9/11/03. The taxpayer had received the notice from the Department of State on or about 9/1/03, reflecting that renewal fees were due. If the filing of the fees were untimely, it is due to the fact that the notice received was the only one sent by the Department. With that in mind, the taxpayer hopes that you will accept the amount already paid and maintain its status as "active". If, in the event you should choose otherwise, the taxpayer requests that you refund the \$150.00.

Very truly,



Joseph E. Thorrick