

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State
 02-26-2000 90056 013 ***150.00

DOCUMENT # F33348	
1. Entity Name KEYSTONE HEIGHTS ANIMAL HOSPITAL LAWRENCE E. PAR	
Principal Place of Business 7344 STATE RD 100 KEYSTONE HEIGHTS FL 32656	Mailing Address 7344 STATE RD 100 KEYSTONE HEIGHTS FL 32656-7617



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address Suite, Apt. #, etc. City & State Zip		4. FEI Number 59-2103607		Applied For <input type="checkbox"/> Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PARRISH, LAWRENCE E. 7344 STATE RD 100 KEYSTONE HEIGHTS FL 32656				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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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) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARRISH, LAWRENCE E		NAME		
STREET ADDRESS	7344 STATE RD 100		STREET ADDRESS		
CITY-ST-ZIP	KEYSTONE HGHTS FL		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARRISH, DONNA N		NAME		
STREET ADDRESS	7344 STATE RD 100		STREET ADDRESS		
CITY-ST-ZIP	KEYSTONE HGHTS FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *[Signature]* **Pres.** **L.E. Parrish** **3-2-00-1566**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)