2000 UNIFORM BUSINESS REPORT (UBR)

13. I hereby certify that the information supplied with this indicated on this report or supplemental report is true

changed, or on an attachme

ed to execute all other like

IF OF SIGNING OFFICER OR DIRECTOR

FILED **DOCUMENT # F40196** Jan 18, 2000 8:00 am 1.-⊊ntity Name **Secretary of State** WILLIAM H. LOVETT, JR., D.V.M., P.A. 01-18-2000 90140 040 ***150.00 Principal Place of Business Mailing Address 1927 US HWY 17 NORTH 1927 US HWY 17 NORTH WAUCHULA FL 33873-8752 WAUCHULA FL 33873 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2093856 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name -LOVETT, WILLIAM H. JR. Street Address (P.O. Box Number is Not Acceptable) 1927 US HWY 17 NORTH WAUCHUALA FL 33873 Zip Code FL 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) \Box Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition **PVD** ☐ Delete TITLE TITLE LOVETT, WILLIAM H., JR. NAME NAME STREET ADDRESS 1927 US HWY 17 NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WAUCHULA FL ☐ Change Addition TITLE ☐ Delete TITLE NAME LOVETT, PAMELA NAME 1927 US HWY 17 NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WAUCHULA FL ☐ Change ■ Addition ☐ Delete TITI E TITLE _ ___. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP illing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

JULY Lovett Je DVM 1-6-00