


2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90094 001 ***150.00

| | | | | | | | | | | | |
|---|--|---------|--|---|--|---|--|--|--|--|--|
| DOCUMENT # F45714 1. Entity Name DAVID J. ANDRIX, D.V.M., P.A. | | | |  DO NOT WRITE IN THIS SPACE | | | | | | | |
| Principal Place of Business % DAVID J ANDRIX, D.V.M., P.A. 1224 FLORIDA AVENUE ST CLOUD FL 34769 | | | | | | | | Mailing Address % DAVID J ANDRIX, D.V.M., P.A. 1224 FLORIDA AVENUE ST CLOUD FL 34769-3722 | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | | | | | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | | | | | | | City & State | | | |
| Zip | | Country | | Zip | | Country | | 4. FEI Number 59-2137647 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | | |
| 6. Name and Address of Current Registered Agent ANDRIX, DAVID J., D.V.M., P.A. 1224 FLORIDA AVENUE ST CLOUD FL 34769 | | | | | | | | | | | |
| 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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | | | | | | | |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small> | | | | 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 NAME STREET ADDRESS CITY-ST-ZIP | PD ANDRIX, DAVID J 1224 FLORIDA AVE ST CLOUD FL | | | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
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| 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: <i>[Signature]</i> DAVID J. ANDRIX, D.V.M., P.A. President 3/14/00 407-892-3415 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | | | | | | | |