

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F62998**

1. Entity Name

KEITH W. CREEDEN, D.V.M., P.A.

Principal Place of Business

Mailing Address

**2500 W HWY 434
LONGWOOD FL 32779****2500 W HWY 434
LONGWOOD FL 32779**

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 **59-2145610**Applied For
Not Applicable5. 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

**MORRISON, WILLIAM H.
7100 S HWY 17-92
FERNPARK FL 32730**

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)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Delete
NAME	BROCKMAN, JAMES L	
STREET ADDRESS	2500 W HWY 434	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	MARRINSON, RICHARD L	
STREET ADDRESS	2500 N. HWY. 434	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	CREEDEN, KEITH W	
STREET ADDRESS	2500 W HWY 434	
CITY-ST-ZIP	LONGWOOD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Keith Creeden DVM

Date

1/8/01

Daytime Phone #

407/862-0308

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90048 002 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)