

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90042 039 ***150.00

AVU10416

DOCUMENT # F88658

1. Entity Name

TIMOTHY B. SWANGO DVM, P.A.

Feb 01, 2000 8:00 am

Secretary of State

02-01-2000 90042 039 ***150.00

Principal Place of Business

Mailing Address

% TIMOTHY B. SWANGO

755 WEST CENTRAL AVE.

LAKE WALES FL 33853

% TIMOTHY B. SWANGO

755 WEST CENTRAL AVE.

LAKE WALES FL 33853-4064

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

59-2200843

Applied For

Not Applied For

5. Certificate of Status Desired

58.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWANGO, TIMOTHY B.

755 WEST CENTRAL AVE.

LAKE WALES FL 33853

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, 2000 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

NAME

STREET ADDRESS

CITY-ST-ZIP

DP

SWANGO, TIMOTHY B

755 W CENTRAL AVE

LAKE WALES, FL 0

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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, as applicable, of this report.

SIGNATURE:

TIMOTHY B. SWANGO

1/28/2000

863-626-6076

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #