

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 20, 2000 8:00 am  
Secretary of State

03-20-2000 90006 038 \*\*\*150.00

DOCUMENT # F93000003981

1. Entity Name

BURNS VETERINARY SUPPLY, INC.

Principal Place of Business

Mailing Address

PARK CENTRAL BOULEVARD NORTH  
POMPA NO BEACH FL 33064

865 MERRICK AVE  
WESTBURY NY 11590-6694  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

11-2587370

Applied For

Not Applicable

Zip

Country

Zip

Country

5. 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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
110 N MAGNOLIA ST  
TALLAHASSEE FL 32301

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 AS  
NAME SORACI, JUSTINA  
STREET ADDRESS 865 MERRICK AVE.  
CITY-ST-ZIP WESTBURY NY 15590 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE EVP  
NAME CAPUTO, MICHAEL  
STREET ADDRESS 865 MERRICK AVE.  
CITY-ST-ZIP WESTBURY NY 15590 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S  
NAME ASHKIN, LAURA  
STREET ADDRESS 865 MERRICK AVE  
CITY-ST-ZIP WESTBURY NY ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T  
NAME ASHKIN, SHELIA  
STREET ADDRESS 865 MERRICK AVE  
CITY-ST-ZIP WESTBURY NY ☐ Delete

TITLE  
NAME  
STREET ADDRESS 3890 PARK CENTRAL BLVD. NORTH  
CITY-ST-ZIP POMPA NO BEACH, FL 33064 ☒ Change ☐ Addition

TITLE CEO  
NAME ASHKIN, CARL  
STREET ADDRESS 865 MERRICK AVE.  
CITY-ST-ZIP WESTBURY NY ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE CD  
NAME ASHKIN, MICHAEL  
STREET ADDRESS 865 MERRICK AVE.  
CITY-ST-ZIP WESTBURY NY ☐ Delete

TITLE  
NAME  
STREET ADDRESS 3890 PARK CENTRAL BLVD. NORTH  
CITY-ST-ZIP POMPA NO BEACH, FL 33064 ☒ Change ☐ Addition

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

Date

Daytime Phone #

CR2E034 (9/99)