

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Aug 06, 2002 8:00 am
Secretary of State

08-06-2002 90279 046 ***550.00

DOCUMENT # F93000003981

1. Entity Name

BURNS VETERINARY SUPPLY, INC.

Principal Place of Business

**3890 PARK CENTRAL BOULEVARD NORTH
POMPAÑO BEACH FL 33064**

Mailing Address

**865 MERRICK AVE
WESTBURY NY 11590
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

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

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 ☐ Delete
NAME SORACI, JUSTINA
STREET ADDRESS 865 MERRICK AVE.
CITY-ST-ZIP WESTBURY NY 11590TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE EVP ☐ Delete
NAME CAPUTO, MICHAEL
STREET ADDRESS 865 MERRICK AVE.
CITY-ST-ZIP WESTBURY NY 11590TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE S D ☐ Delete
NAME ASHKIN, LAURA -
STREET ADDRESS 865 MERRICK AVE
CITY-ST-ZIP WESTBURY NYTITLE Director/Secretary ☒ Change ☒ Addition
NAME Laura Kahn
STREET ADDRESS 865 Merrick Avenue
CITY-ST-ZIP Westbury, NY 11590TITLE T ☐ Delete
NAME ASHKIN, SHELIA
STREET ADDRESS 3890 PARK CENTRAL BLVD NORTH
CITY-ST-ZIP POMPAÑO BEACH FL 33064TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE CEO ☐ Delete
NAME ASHKIN, CARL
STREET ADDRESS 865 MERRICK AVE.
CITY-ST-ZIP WESTBURY NYTITLE Director ☐ Change ☒ Addition
NAME Carl Ashkin
STREET ADDRESS 865 Merrick Avenue
CITY-ST-ZIP Westbury, NY 11590TITLE CD ☐ Delete
NAME ASHKIN, MICHAEL
STREET ADDRESS 3890 PARK BLVD NORTH
CITY-ST-ZIP POMPAÑO BEACH FL 33064TITLE ☐ Change ☐ 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

Date

Daytime Phone #

CR2E034 (4/02)