

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2003 8:00 am**  
**Secretary of State**

07-28-2003 90144 002 \*\*\*550.00

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**DOCUMENT # F93000003981**

1. Entity Name

**BURNS VETERINARY SUPPLY, INC.**



Principal Place of Business

**3890 PARK CENTRAL BOULEVARD NORTH  
POMPANO 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

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **11-2587370**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. 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 DS  
NAME KAHN, LAURA  
STREET ADDRESS 865 MERRICK AVE  
CITY-ST-ZIP WESTBURY NY 11590 ☐ Delete

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

TITLE T  
NAME ASHKIN, SHELIA  
STREET ADDRESS 3890 PARK CENTRAL BLVD NORTH  
CITY-ST-ZIP POMPAÑO BEACH FL 33064 ☐ Delete

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

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

TITLE Director  
NAME Ashkin, Carl  
STREET ADDRESS 865 Merrick Avenue  
CITY-ST-ZIP Westbury, NY 11590 ☐ Change ☒ Addition

TITLE CD  
NAME ASHKIN, MICHAEL  
STREET ADDRESS 3890 PARK BLVD NORTH  
CITY-ST-ZIP POMPAÑO BEACH FL 33064 ☐ Delete

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

12: 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 10 or Block 11 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 (4/03)