

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90131 012 ***150.00

DOCUMENT # F98833

1. Entity Name

PENSACOLA VETERINARY EMERGENCY HOSPITAL, INC.

Principal Place of Business

3998 N. PALAFOX ST.
PENSACOLA FL 32505

Mailing Address

3998 N. PALAFOX ST.
PENSACOLA FL 32505

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 59-2223052

Applied For

Not Applicable

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

BELCHER, WALLACE R DVM
71 W. FAIRFIELD DRIVE
PENSACOLA FL 32506

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	PD	<input type="checkbox"/> Delete
NAME	BELCHER, WALLACE R DVM	
STREET ADDRESS	711 N. FAIRFIELD DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	KRASIELSKY, CHARLES DVM	
STREET ADDRESS	2605 OLIVE ROAD	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	ST	<input type="checkbox"/> Delete
NAME	STEWART, JEANNE DVM	
STREET ADDRESS	10229 CHEMSTRAND ROAD	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MONGUE, MICHAEL DVM	
STREET ADDRESS	4580 CHUMUCKLA HIGHWAY	
CITY-ST-ZIP	PACE FL 32571	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HODSON, MARY E	
STREET ADDRESS	402 BEVERLY PARKWAY	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORGAN, MICHAEL K DVM	
STREET ADDRESS	2433 E. LANGLEY AVENUE	
CITY-ST-ZIP	PENSACOLA FL 32504	

TITLE	DELETED D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wallace Belcher DVM	
STREET ADDRESS	711 N. FAIRFIELD DRIVE	
CITY-ST-ZIP	Pensacola, FL 32506	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sue Callaway DVM	
STREET ADDRESS	4190 Bauer Rd	
CITY-ST-ZIP	Pensacola, FL 32506	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stewart, Jeanne DVM	
STREET ADDRESS	10229 Chemstrand Rd	
CITY-ST-ZIP	Pensacola, FL	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shelly Ashley DVM	
STREET ADDRESS	6448 East Bay Blvd	
CITY-ST-ZIP	Gulf Breeze, FL 32561	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Andy Willman DVM	
STREET ADDRESS	2101 N. Palafox	
CITY-ST-ZIP	Pensacola, FL 32501	
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)(f), 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:

Shelly Ashley DVM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-01

Date

850 455-1849

Daytime Phone #

CR2E034 (10/00)