2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State
05-23-2000 90222 042 ***150.00

DOCUMENT # G33960

1. Entity Name

JAMES A. PALMER, DVM, P.A.

Principal Place of Business	Mailing Address
1600 SW 3RD ST POMPANO BCH. FL 33069-3106 US	1624 E ATLANTIC BLVD POMPANO BCH. FL 33060-6751 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
836 Byron Drive	836 Byron Drive
Suite, Apt. #, etc. Oconomowoc	Suite, Apt. #, etc. Oconomowoc
City & State WI	City & State WI
Zip 53066 Country USA	Zip 53066 Country USA

4. FEI Number 59-2292500 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION.
1200 SOUTH PINE ISLAND ROAD
POMPANO BCH. FL 33060

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.

SIGNATURE ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D PALMER, JAMES A DVM 1624 E ATLANTIC BLVD POMPANO BCH FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 836 Byron Drive Oconomowoc, WI 53066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PALMER, RENEE A 1624 E ATLANTIC BLVD POMPANO BCH FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 836 Byron Drive Oconomowoc, WI 53066
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CR2E034 (9/99)

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: Renee A. Palmer - Secretary 4/28/00 262 567 7012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #