2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State
02-15-2001 90067 047 ***150.00

0602800

DOCUMENT # G33960

1. Entity Name
JAMES A. PALMER, DVM, P.A.

Principal Place of Business	Mailing Address
836 BYRON DRIVE OCONOMOWOC WI 53066 US	836 BYRON DRIVE OCONOMOWOC WI 53066 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2537 Cty Hwy ZZ		2537 Cty Hwy ZZ	
Suite, Apt. #, etc. De Pere, WI		Suite, Apt. #, etc. De Pere, WI	
City & State		City & State	
Zip 54115	Country USA	Zip 54115	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	7. Name and Address of New Registered Agent
C T CORPORATION. 1200 SOUTH PINE ISLAND ROAD POMPANO BCH. FL 33060	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 NAME STREET ADDRESS CITY-ST-ZIP	D PALMER, JAMES A DVM 836 BYRON DRIVE OCONOMOWOC WI 53066	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 2537 Cty Hwy ZZ De Pere, WI 54115	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PALMER, RENEE A 836 BYRON DRIVE OCONOMOWOC WI 53066	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 2537 Cty Hwy ZZ De Pere, WI 54115	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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] 1/3/01 920338 1767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #