

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G61520

1. Entity Name

KIRKPATRICK VETERINARY HOSPITAL, P.A.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90104 021 ***150.00

Principal Place of Business

Mailing Address

2401 S. ORANGE AVENUE
ORLANDO FL 32806-4543

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ORLANDO FL 32806-4543

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2334980

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

~~FISHER, JUAN F
2401 S. ORANGE AVENUE
ORLANDO FL 32806~~

Name

PATINO JUAN F

Street Address (P.O. Box Number is Not Acceptable)

2401 S ORANGE AVE

City

ORLANDO

FL

Zip Code
32806

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

Juan Patino, Don

01-20-00

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, 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 PD
NAME PATINO, JUAN F
STREET ADDRESS 2401 S. ORANGE AVE.
CITY-ST-ZIP ORLANDO FL 32806-4543

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Juan Patino, Don
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-20-00 841-3407

CR2E034 (9/99)