

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90025 004 ***150.00

DOCUMENT # G70765
 1. Entity Name
ATLANTIC ANIMAL CLINIC, P.A.

Principal Place of Business WILSON.JAMES M 35 NE 25 TH AVE POMPANO BCH FL 33062 US	Mailing Address WILSON.JAMES M 35 NE 25TH AVE POMPANO BCH FL 33062 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number 59-2348600	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent WILSON, JAMES M 35 NE 25TH AVE POMPANO BCH FL 33062	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, 2002 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	SDP WILSON, JAMES M 35 NE 25TH AVE POMPANO BCH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILSON, JAMES M 35 NE 25TH AVE POMPANO BCH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Handwritten Signature]* **DATE:** **2/18/02** **Daytime Phone #:** **954-946-3323**

CR2E034 (9/01)