

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G77924

1. Entity Name

COURTENAY ANIMAL HOSPITAL, INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90061 001 ***150.00

Principal Place of Business

Mailing Address

% GEORGE W. MAXWELL, III
2265 N. COURTENAY PKWY.
MERRITT ISLAND FL 32953

% GEORGE W. MAXWELL, III
2265 N. COURTENAY PKWY.
MERRITT ISLAND FL 32953-4235

2. Principal Place of Business

3. Mailing Address

c/o GUY MAXWELL, DVM
Suite, Apt. #, etc.

c/o GUY MAXWELL, DVM
Suite, Apt. #, etc.

2265 N. COURTENAY PKWY

2265 N. COURTENAY PKWY

City & State
MERRITT ISLAND FL

City & State
MERRITT ISLAND FL

Zip
32953

Country
USA

Zip
32953

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2475031

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

MAXWELL, GEORGE W., III
525 STRAWBRIDGE AVE
MELBOURNE FL 32901

Name CATTERTON, A. VAN, JR.

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

1990 W. NEW HAVEN AVE., SUITE 104

City MELBOURNE FL Zip Code 32904

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

A. Van Catterton A. VAN CATTERTON, JR.

3/31/00

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 PSD
NAME MAXWELL, GUY R.
STREET ADDRESS 4615 COQUINA RIDGE DR.
CITY-ST-ZIP MELBOURNE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPT
NAME MAXWELL, DEBORAH E.
STREET ADDRESS 4615 COQUINA RIDGE DR.
CITY-ST-ZIP MELBOURNE FL ☐ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Guy Maxwell, DVM GUY MAXWELL, DVM
PRESIDENT

3/31/00

321 452-3647

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #