

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90114 003 ***150.00

DOCUMENT # H25393

1. Entity Name

JAY H. ALLEN, D.V.M., P.A.

Principal Place of Business

% JAY H. ALLEN, D.V.M.
~~1301 A WEST DIXIE AVE~~ 1231 W. DIXIE AVE
LEESBURG FL 34748-6383

Mailing Address

% JAY H. ALLEN, D.V.M.
~~1301 A WEST DIXIE AVE~~ 1231 W. DIXIE AVE
LEESBURG FL 34748-6383

2. Principal Place of Business

1231 W. DIXIE AVE.

3. Mailing Address

1231 W. DIXIE AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LEESBURG FL.

City & State

LEESBURG FL.

4. FEI Number

59-2451491

Applied For

Not Applicable

Zip

34748

Country

USA

Zip

34748

Country

USA

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

6. Name and Address of Current Registered Agent

ALLEN, JAY H
1231 ~~1301 A~~ WEST DIXIE AVE
LEESBURG FL 32748

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

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

TITLE DP
NAME ALLEN, JAY H DVM
STREET ADDRESS ~~1301 A W. DIXIE AVE~~ 1231 W. DIXIE AVE.
CITY-ST-ZIP LEESBURG FL

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP

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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:

Jay H. Allen Pres. Jay H. Allen Pres.

1/9/01

Date

352-326-8940

Daytime Phone #

CR2E034 (10/00)