## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Apr 23, 2001 8:00 am Secretary of State **DOCUMENT # H49972** 1. Entity Name G. BROOKS BUCK, D.V.M., P.A. 04-23-2001 90205 031 \*\*\*150.00 Principal Place of Business Mailing Address 3404 LITHIA PINECREST RD. 3404 LITHIA PINECREST RD. VALRICO FL 33594 VALRICO FL 33594 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2513144 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BUCK, G. BROOKS, D.V.M. Street Address (P.O. Box Number is Not Acceptable) 3404 LITHIA PINECREST RD. VALRICO FL 33594 City 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PTD Delete TITLE Change ☐ Addition TITLE BUCK, G. BROOKS, D.V.M. NAME NAME STREET ADDRESS 3404 LITHIA ROAD STREET ADDRESS VALRICO FL 33594 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete BUCK, TAMMY L NAME NAME 3404 LITHIA PINECREST RD. STREET ADDRESS STREET ADDRESS CITY-ST-7iP VALRICO FL 33594 CITY-ST-7IP — ☐ Change – ~ ☐ Addition--- Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 gnature 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 in powered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered

NG OFFICER OR DIRECTOR