2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name IAMES J. WONNELL, D.V.M.,



04-16-2003 90155 045 ***150.00

FILED
Apr 16, 2003 8:00 am
Secretary of State
04.16.0000.00155.045.***1.50.00

UAIVILO 0	. WONNECL, D.V.WI., P.A.							
Principal Place of Business 825 NORTHWEST DIXIE HIGHWAY STUART FL 34994		Mailing Address 825 NORTHWEST DIXIE HIGHWAY STUART FL 34994						
2. Principal F	Place of Business	3. Mailing Address	· · · · · · · · · · · · · · · · · · ·		 		1011 61611 1061	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF M	AKING CH	HANGES		
City & State		City & State		4. FEI Number 59–1290019 Applied For				
Zip	Country	Zip	Country		_ \$8	No. 75 Add	t Applicable	
		<u> </u>		5. Certificate of Status Desired	Fee	Require		
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Regist	tered Age	ent		
WONNELL, JAMES J.			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
	THWEST DIXIE HIGHWAY		Street Addres	s (r.o. box number is not Acceptable)				
STUART I	FL 34994				$\gamma_{i_{r}}$			
			City		FL	Zip Cod		
		or the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida.	I am fami	iliar with,	and accept	
SIGNATURE	ions of registered agent.	en e	entrancement and anatomic programme	প্রকাশন কর্মান ও বাদার সাহতী হ' ইয়াবার হাতাহাত ক্রমান আছিল বিভিন্ন করিব নির্দি		- Jan ong		
	Signature, typed or printed name of registered agent	and title if applicable (*) (NOTE	E Registered Agent signature requ	ired when reinstating)	DATE *	3.3		
, _. F	ILE:NOW!!! FEE IS \$150.00	1000	5. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	the state of the s		f Åt		
Ane	r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department o		ta - mai elemente la tramporto de teles en este en est	9. Election Campaign Financii Trust Fund Contribution.	ng 🗆	\$5.0 Added	O May Be I to Fees	
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Make Check	OFFICERS AND WONNELL, JAMES J.	of State	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trust Fund Contribution.	S AND DIF	Added	to Fees	
Make Check 10. NAME STREET ADDRESS	Payable to Florida Department of Officers and DP WONNELL, JAMES J. 825 NW DIXIE HIGHWAY	of State Directors	TITLE NAME STREET ADDRESS	Trust Fund Contribution.	S AND DIF	Added	I to Fees S IN 11	
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12. 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: