

FILED
Jul 24, 2003 8:00 am
Secretary of State

05-05-2003 90176 047 ****61.25
07-24-2003 90114 002 ****88.75

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

5/5/

DOCUMENT # J51102

1. Entity Name
BOB R. CLEMENTS, D.V.M., P.A.



Principal Place of Business
% BOB R. CLEMENTS
920 NORTHWEST 42ND STREET
OCALA FL 34475
US

Mailing Address
% BOB R. CLEMENTS
920 NORTHWEST 42ND STREET
OCALA FL 34475
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2775512

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLEMENTS, BOB R.
920 NORTHWEST 42ND STREET
OCALA FL 34475

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$350.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	CLEMENTS, BOB R	920 NORTHWEST 42ND ST.	OCALA FL	☐
				☐
				☐
				☐
				☐
				☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 trustee 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 my address, with all other like empowered.

SIGNATURE:

BOB R. CLEMENTS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03 3527321101
Date Daytime Phone #

CR2E034 (10/02)