

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J63899

1. Entity Name  
SHAFFER & SHAFFER, D.V.M., P.A.

Principal Place of Business

C/O JEFFREY A. SHAFFER  
11337 E. COLONIAL DRIVE  
ORLANDO FL 32826

Mailing Address

C/O JEFFREY A. SHAFFER  
11337 E. COLONIAL DRIVE  
ORLANDO FL 32826

2. Principal Place of Business

1475 E. MITCHELL HAMMOCK RD  
Suite, Apt. #, etc. RD

3. Mailing Address

1475 E. MITCHELL HAMMOCK RD  
Suite, Apt. #, etc. RD

City & State

0V1E00 FL

City & State

0V1E00 FL

4. FEI Number 59-2783001

Applied For

Not Applicable

Zip

32765

Country

Zip

32765

Country

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

SHAFFER, JEFFREY A.  
1475 E. MITCHELL HAMMOCK RD  
OVIEDO FL 32765

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME SHAFFER, JEFFREY A  
STREET ADDRESS 11337 E. COLONIAL DR.  
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1475 EAST MITCHELL HAMMOCK ROAD  
CITY-ST-ZIP OVIEDO, FL, 32765

TITLE ST  
NAME SHAFFER, KENDRA W  
STREET ADDRESS 11337 E. COLONIAL DR.  
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1475 EAST MITCHELL HAMMOCK ROAD  
CITY-ST-ZIP OVIEDO, FL 32765

TITLE D  
NAME PERREAULT, MARK E  
STREET ADDRESS 11337 E. COLONIAL DR  
CITY-ST-ZIP ORLANDO FL ☒ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sec/Trs

3/13/01

Date

407-599-5900

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)