

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J84050

1. Entity Name

JENNIFER F. GONTAREK, D.V.M., P.A.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90057 029 ***150.00

Principal Place of Business

Mailing Address

509 W. JOHN SIMS PKWY
 NICEVILLE FL 32578

509 W. JOHN SIMS PKWY
 NICEVILLE FL 32578-1815

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

509 E. JOHN SIMS PKW

Suite, Apt. #, etc.

509 E. JOHN SIMS PKWY

City & State

City & State

4. FEI Number

59-2862315

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FORTUNE, JENNIFER F
 509 W. JOHN SIMS PKWY
 NICEVILLE FL 32578

Name

Street Address (P.O. Box Number is Not Acceptable)

509 E. JOHN SIMS PKWY

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.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 Delete
 NAME P
 STREET ADDRESS FORTUNE, JENNIFER F
 CITY-ST-ZIP 509 W. JOHN SIMS PKWY
 NICEVILLE FL 32578

TITLE Change Addition
 NAME FORTUNE, JENNIFER L.
 STREET ADDRESS 509 E. JOHN SIMS PKWY
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
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 CITY-ST-ZIP

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TITLE Delete
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 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

PLEASE SIGN

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:

Jennifer F. Gontarek
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 5, 2000

Date

(850) 678-2002

Daytime Phone #

CR2E034 (9/99)