

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**

**03 AUG 13 AM 9:37**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** J84050

1. Entity Name  
Jennifer F., Gontarek, D.V.M., P.A.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
509 E. John Sims Pkwy  
Suite, Apt. #, etc.

3. Mailing Address  
509 E. John Sims Pkwy  
Suite, Apt. #, etc.

Amended **DO NOT WRITE IN THIS SPACE**

City & State  
Niceville, FL

City & State  
Niceville, FL

4. FEI Number  
59-2862315

Applied For  
 Not Applicable

Zip  
32578

Country

Zip  
32578

Country

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Fortune, Jennifer F.

Street Address (P.O. Box Number is Not Acceptable)  
509 E. John Sims Parkway

City  
Niceville, FL

Zip Code  
32578

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

900022288169  
08/13/03--01048--004 \*\*\$61.25

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$350.00  
Amended UBR is \$61.25  
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	P Fortune, Jennifer F. 509 E. John Sims Pkwy Niceville, FL 32578	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Davis, Stephen 4732 Connor Dr. Crestview, FL 32539	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Conrad, Elizabeth 122 Wright Circle Niceville, FL 32578	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Knappstein, Stephan 170 Edge Avenue Valparaiso, FL 32580	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jennifer F. Fortune Date: 8-11-03 Daytime Phone #: 850 678-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

B