

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2002 8:00 am**  
**Secretary of State**

01-27-2002 90020 041 \*\*\*150.00

**DOCUMENT # K12970**

1. Entity Name

**MURPHY VETERINARY CLINIC, INC.**

Principal Place of Business

% J. BRANNEN MURPHY, DVM  
 2620 S. ORLANDO DR  
 SANFORD FL 32773

Mailing Address

% J. BRANNEN MURPHY, DVM  
 2620 S. ORLANDO DR  
 SANFORD FL 32773

2. Principal Place of Business

*Murphy Veterinary Clinic*  
 Suite, Apt. #, etc.

*2620 Orlando Dr.*

City & State  
*Sanford FL*

Zip

*32743*

Country

*USA*

3. Mailing Address

*Murphy Veterinary Clinic*  
 Suite, Apt. #, etc.

*2620 Orlando Dr*

City & State  
*Sanford FL*

Zip

*32743*

Country

*USA*



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-2872443**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

MURPHY, J. BRANNEN, DVM  
 2620 S. ORLANDO DR  
 SANFORD FL 32773

7. Name and Address of New Registered Agent

Name *SUSAN T. WAYNE, DVM*

Street Address (P.O. Box Number is Not Acceptable)  
*2620 Orlando Dr*

City *Sanford*

FL

Zip Code

*32743*

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

*Susan T Wayne DVM* *Susan T Wayne DVM* *1-10-02*

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, 2002 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

TITLE **P** ☐ Delete  
 NAME **WAYNE, SUSAN**  
 STREET ADDRESS **2620 ORLANDO DR**  
 CITY-ST-ZIP **SANFORD FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
 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:

*Susan T Wayne DVM*

Date

*1-10-02*

Daytime Phone #

*407-323-4707*

CR2E034 (9/01)