

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K65824

1. Entity Name

DAVID THOMAS SMITH, D.V.M., P.A.

Principal Place of Business

205 PELICAN WAY
DELRAY BCH. FL 33483
US

Mailing Address

205 PELICAN WAY
DELRAY BCH FL 33483
US

2. Principal Place of Business

2201 NW 4th Ave

3. Mailing Address

2201 NW 4th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33311

Country

USA

Zip

33311

Country

USA

4. FEI Number

65-0099266

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, DAVID THOMAS D.V.M.
205 PELICAN WAY
DELRAY BCH FL 33483

7. Name and Address of New Registered Agent

Name

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

2201 NW 4th Ave

City

Fort Lauderdale FL

Zip Code

33311

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

TITLE P
NAME SMITH, DAVID T.
STREET ADDRESS 205 PELICAN WAY
CITY-ST-ZIP DELRAY BCH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME 2201 NW 4th Ave
STREET ADDRESS Fort Lauderdale, FL 33311
CITY-ST-ZIP

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

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☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90019 049 ***150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)