

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90001 034 ****55.00

DOCUMENT # L02000019210

1. Entity Name

EMERGENCY PET CARE, LLC



Principal Place of Business

14185 BEACH BOULEVARD
JACKSONVILLE FL 32250
US

Mailing Address

14185 BEACH BOULEVARD
JACKSONVILLE FL 32250
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. 7

Suite, Apt. #, etc. 7

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

06 1640734

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLACKARD, WILLIAM R JR
2468 ATLANTIC BLVD
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name: Cameron Abbott
Street Address (P.O. Box Number is Not Acceptable):
11144 Tiverton Court
Jacksonville
City: FL Zip Code: 32246

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

Cameron A Abbott

PRESIDENT

2-26-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

President
Cameron A Abbott
14185-7 Beach Boulevard unit 7
Jacksonville, FL 32250

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Cameron A Abbott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)