

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90073 049 ***150.00

DOCUMENT # L20100

1. Entity Name
GREG J. HARRISON, D.V.M., P A



Principal Place of Business

~~6147 LAKE WORTH RD~~
~~LAKE WORTH FL 33463~~

Mailing Address

~~5720 LAKE WORTH ROAD~~
~~LAKE WORTH FL 33463~~

2. Principal Place of Business

6147 LAKE WORTH
Suite, Apt. #, etc. **ROAD**

3. Mailing Address

6147 LAKE WORTH RD
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State **GREENACRES, FL** City & State **GREENACRES, FL**

Zip **33463** Country **USA** Zip **33463** Country **USA**

4. FEI Number **65-0148418**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

HARRISON, GREG J.
6147 LAKE WORTH RD
LAKE WORTH FL 33463

GREENACRES

7. Name and Address of New Registered Agent

Name

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

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. 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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 **DPS** ☐ Delete
NAME **HARRISON, GREG J.**
STREET ADDRESS ~~5720 LAKE WORTH ROAD~~
CITY-ST-ZIP ~~LAKE WORTH FL 33463~~ **6147 LAKE WORTH RD GREENACRES, FL 33463**

TITLE **T** ☐ Delete
NAME **HARRISON, GREG J.**
STREET ADDRESS ~~5720 LAKE WORTH ROAD~~
CITY-ST-ZIP ~~LAKE WORTH FL 33463~~ **6147 LAKE WORTH RD GREENACRES, FL 33463**

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 Block 11 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 #

CR2E034 (10/02)