

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90118 028 ***150.00

DOCUMENT # L39491

1. Entity Name

CYPRESS WOOD ANIMAL HOSPITAL, INC.

Principal Place of Business

**10452 W ATLANTIC BLVD
CORAL SPRINGS FL 33071**

Mailing Address

**10452 W ATLANTIC BLVD
CORAL SPRINGS FL 33071**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

7460 Wiles Rd

Suite, Apt. #, etc.

City & State

Coral Springs FL

Zip

33067

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0214330

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PAUL, DR STEVEN PA
8008 WILES RD
SUITE 303
CORAL SPRINGS FL 33067**

7. Name and Address of New Registered Agent

Name

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

**7460 Wiles Road
Coral Springs FL 33067**

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.

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	DP	<input type="checkbox"/> Delete
NAME	PAUL, STEVEN G.	
STREET ADDRESS	8008 WILES ROAD	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PAUL, NORMAN	
STREET ADDRESS	8008 WILES, ROAD	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	PAUL, FLORRIE	
STREET ADDRESS	8008 WILES ROAD	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	PAUL, JILL NEWMAN	
STREET ADDRESS	8008 WILES RD.	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul, Steven G.	
STREET ADDRESS	7460 Wiles Road	
CITY-ST-ZIP	Coral Springs, FL 33067	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul, Norman	
STREET ADDRESS	7460 Wiles Road	
CITY-ST-ZIP	Coral Springs, FL 33067	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul, Florrie	
STREET ADDRESS	7460 Wiles Road	
CITY-ST-ZIP	Coral Springs, FL 33067	
TITLE	AS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul, Jill Newman	
STREET ADDRESS	7460 Wiles Road	
CITY-ST-ZIP	Coral Springs, FL 33067	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)