

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L49345

1. Entity Name

SEVEN SPRINGS ANIMAL HOSPITAL, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90049 001 ***150.00

Principal Place of Business

Mailing Address

8104 CR 54
NEW PORT RICHEY FL 34653

8104 CR 54
NEW PORT RICHEY FL 34653

627450

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3013442**

Applied For

Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

E
STEFFAS, JAMES
10207 PIPER DRIVE
NEW PORT RICHEY FL 34653

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.

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

PD STEFFES, JAMES 8542 STATE ROAD 54 NEW PORT RICHEY FL 34653	PD STEFFES, James 10207 Piper Drive New Port Richey FL 34654
STD STEFFES, DELIA 8542 STATE ROAD 54 NEW PORT RICHEY FL 34653	VSTD STEFFES DELIA 10207 PIPER DR. NEW PORT RICHEY FL 34654
ADDRESS ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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 stated 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: **James Steffes** **03-14-00** **727 376 4646**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #