

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90735 039 ***150.00

DOCUMENT # L75149

1. Entity Name

JERRY L. EDINGTON, D.V.M., P.A.



Principal Place of Business

**% JERRY L EDINGTON
4089 S MCCALL RD
ENGLEWOOD FL 34224**

Mailing Address

**% JERRY L EDINGTON
4089 S MCCALL RD
ENGLEWOOD FL 34224**

2. Principal Place of Business

**1087 Bay Harbor Dr.
Suite, Apt. #, etc.**

3. Mailing Address

**1087 Bay Harbor Dr.
Suite, Apt. #, etc.**

City & State

Englewood FL

City & State

Englewood, FL

4. FEI Number

65-0199765

Applied For

Not Applicable

Zip

34224

Country

USA

Zip

34224

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**EDINGTON, JERRY L.
4089 S MCCALL RD
ENGLEWOOD FL 34224**

7. Name and Address of New Registered Agent

Name

Edington, Jerry L.

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

1087 Bay Harbor Drive

City

Englewood

FL

Zip Code

34224

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

J. L. Edington, D.V.M., P.A.

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

(NOTE: Registered Agent signature required when reinstating)

4/3/03

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	DP	<input type="checkbox"/> Delete
NAME	EDINGTON, JERRY L	
STREET ADDRESS	1087 BAY HARBOR DR	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	EDINGTON, DIAN L	
STREET ADDRESS	1087 BAY HARBOR DR	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edington, Jerry L.	
STREET ADDRESS	1087 Bay Harbor Dr.	
CITY-ST-ZIP	Englewood, FL 34224	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edington, Dian L.	
STREET ADDRESS	1087 Bay Harbor Dr.	
CITY-ST-ZIP	Englewood, FL 34224	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

J. L. Edington, D.V.M., P.A.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/03 941 474-2414

Date

Daytime Phone #

CR2E034 (10/02)