

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90039 027 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # L91321**

1. Entity Name

**SKIPPER ANIMAL HOSPITAL, INC.**

Principal Place of Business

Mailing Address

%GAIL R MORALES  
 1913 E. BEARSS AVE., SUITE 1200  
 TAMPA FL 33613  
 US

5420 STORM RD.  
 LUTZ FL 33549-4840  
 US

2. Principal Place of Business

5420 Storm Rd.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lutz, Fl. 33549

City & State

4. FEI Number

59-3046052

Applied For

Not Applicable

Zip  
 33549

Country  
 Hillsborough

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

MORALES, GAIL R.  
 5420 STORM RD.  
 LUTZ FL 33549

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

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS MORALES, GAIL R.  
 CITY-ST-ZIP 5420 STORM RD.  
 LUTZ FL 33549

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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:

*GAIL R MORALES*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00  
 Date

813-264-4155  
 Daytime Phone #

CR2E034 (9/93)