

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L99000008655

1. Entity Name
VETAG AMERICA, LC

01 APR 24 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4801 GEORGE ROAD, UNIT 120
TAMPA FL 33624

Mailing Address
4801 GEORGE ROAD, UNIT 120
TAMPA FL 33624



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3612258

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOODWIN, JAMES W
400 NORTH TAMPA STREET, SUITE 2300
TAMPA FL 33602

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

100004195131--9
-05/11/01--01021--026
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☒ Delete
NAME P.H. HOLDINGS, LC
STREET ADDRESS 400 N TAMPA STREET, SUITE 2300
CITY-ST-ZIP TAMPA FL 33602

TITLE MGR ☒ Change ☐ Addition
NAME PH HOLDINGS AMERICA, INC.
STREET ADDRESS 712 CORAL REEF DR.
CITY-ST-ZIP TAMPA, FL 33602

TITLE MGR ☒ Delete
NAME MEISTER, FRITZ E
STREET ADDRESS 400 N. TAMPA STREET, SUITE 2300
CITY-ST-ZIP TAMPA FL 33602

TITLE MEM ☒ Change ☐ Addition
NAME MEISTER FRITZ E.
STREET ADDRESS 400 N. TAMPA ST, STE 2300
CITY-ST-ZIP TAMPA, FL 33602

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: J. J. M. H. van Starrenburg 18 APR 01 813/886-7797

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)