2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # M86974** Aug 08, 2000 8:00 am Secretary of State 1. Entity Name ALLAN J. CAWLEY, D.V.M., P.A. 08-08-2000 90094 033 ***150.00 Mailing Address Principal Place of Business 7825 MCPHERSON DR 7825 MCPHERSON DR NEW PORT-RICHEY-FL-34653 NEW PORT RICHEY Ft 34653 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-2899927 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CAWLEY, ALLAN J P.O. Box 596 Street Address (P.O. Box Number is Not Acceptable) 7825 MCPHERSON DR. NEW PORT RICHEY FL 34683 34673 City 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Addition TITLE ☐ Detete CAWLEY, ALLAN J. NAME NAME DO BOX 596 7825 MGPHERSON DR-STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **NEW PORT RICHEY FL** 34693 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE PINFOLD: NORMAN-J NAMÉ NAME -7741 CONGRESS-ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP NEWPORT-RICHEY-FL-Change ☐ Addition TITLE Delete TITLE NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8.3.2000

Daytime Phone #



August 3, 2000

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, Fl. 32302 Re: Allan J. Cawley, D.V.M., P.A. P.O. Box 596 Port Richey, Fl 34673

Gentlemen:

In a recent phone conversation with Al Torrence, attorney for Dr. Cawley, it was brought to our attention that the 2000 Uniform Business Report has not been filed.

Dr. Cawley sold the assets of his business on September 29, 1999. It was his intention to maintain the corporation. Unfortunately communications were not always present between the previous and current owners and he did not receive mail which continued to be sent to the old address.

Among those items he did not receive was the Uniform Business Report.

We are enclosed a report, with a change of address, and request that the corporation be kept in good standing.

Sincerely,

John C. Wenrick, CPA

Cc: Dr Allan J. Cawley