

2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90177 034 ***150.00

DOCUMENT # M86974

1. Entity Name
ALLAN J. CAWLEY, D.V.M., P.A.



Principal Place of Business
**PO BOX 888
PORT RICHEY FL 34673
US**

Mailing Address
**PO BOX 888
PORT RICHEY FL 34673
US**

2. Principal Place of Business

3. Mailing Address

PO Box 256

Suite, Apt. #, etc.

HOMOSASSA

City & State

FLORIDA

Zip

34487

Country

CITRUS

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

50-2800927

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$5.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CAWLEY, ALLAN J
4734 S ACREE POINT
HOMOSASSA FL 34487**

7. Name and Address of New Registered Agent

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, in both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature of principal or registered agent and title (required)

Signature of Registered Agent (signature required when registering)

DATE

9. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PT	☐ Delete
NAME	CAWLEY, ALLAN J.	
STREET ADDRESS	4734 S ACREE POINT	
CITY- ST- ZIP	HOMOSASSA FL 34487	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ 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 files empowered.

Handwritten signature: Allan J. Cawley
Handwritten date: April 14th
Handwritten number: 04 (727) 808-304