

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91081 013 ***150.00

DOCUMENT # M93704

1. Entity Name
LAKE AREA ANIMAL HOSPITAL, P.A.

Principal Place of Business

**504 S. HWY. 301
 HAWTHORNE FL 32640
 US**

Mailing Address

**P.O. BOX 8
 HAWTHORNE FL 32640
 US**

2. Principal Place of Business

504 S. Hwy. 301
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 8
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Hawthorne FL

Zip
32640

Country
USA

City & State
Hawthorne FL

Zip
32640-0008

Country
USA

4. FEI Number **59-2909816**

Applied For
 Not Applicable

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

**HENRY, SHANE D., D.V.M.
 504 S HWY 301
 HAWTHORNE FL 32640**

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, 2001 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 **P** ☐ Delete
 NAME **HENRY, SHANE D.**
 STREET ADDRESS **504 S HWY 301**
 CITY-ST-ZIP **HAWTHORNE FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/07/01
 Date

352-481-4333
 Daytime Phone #

CR2E034 (10/00)