

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90016 015 ***150.00

0530673

DOCUMENT # M95125

1. Entity Name

HEART OF FLORIDA ANIMAL HOSPITAL, INC.

Principal Place of Business

Mailing Address

% DAVID F. WILKINSON
14 KENTUCKY AVE.
HAINES CITY FL 33844

% DAVID F. WILKINSON
14 KENTUCKY AVE.
HAINES CITY FL 33844

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2963603**

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

WILKINSON, DAVID F.
14 KENTUCKY AVE.
HAINES CITY FL 33844

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	D	<input type="checkbox"/> Delete
NAME	WILKINSON, DAVID F.	
STREET ADDRESS	14 KENTUCKY AVE.	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILKINSON, CONNIE T	
STREET ADDRESS	14 KENTUCKY AVE.	
CITY-ST-ZIP	HAINES CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Connie T. Wilkinson **Connie T. Wilkinson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-01

Date

(863) 421-2338

Daytime Phone #

CR2E034 (10/00)