

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000004171

1. Entity Name

ANIMAL HEALTH SCREENING, INC.

Principal Place of Business

11550 COUNTY RD. 507
FELLSMERE FL 32948

Mailing Address

PO BOX 279
FELLSMERE FL 32948

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

FRANKLIN, TIMOTHY S ESQ
225 S. ADAMS ST., STE. 200
TALLAHASSEE FL 32302-1833

7. Name and Address of New Registered Agent

Name Tom R. Moore
Street Address (R.O. Box Number is Not Acceptable)
310 Blount Street
Suite 116
City Tallahassee FL Zip Code 32301

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 TOM R. MOORE JUM R. MOORE 1/17/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE P
NAME ADAMS, TOM
STREET ADDRESS 11550 COUNTY RD. 507
CITY-ST-ZIP FELLSMERE FL 32948 ☒ Delete

TITLE VST
NAME THOMPSON, JOHN
STREET ADDRESS 305 LIVE OAK DR.
CITY-ST-ZIP VERO BEACH FL 32963 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP
NAME Adams, Tom B
STREET ADDRESS 12 North Elm Street
CITY-ST-ZIP Fellsmere, FL 32948 ☒ Change ☐ Addition

TITLE DS
NAME Lewis, Christal J
STREET ADDRESS 26007 Orange Ave.
CITY-ST-ZIP Fort Pierce, FL 34945 ☐ Change ☒ Addition

TITLE DT
NAME Ring, Steve
STREET ADDRESS 12 North Elm Street
CITY-ST-ZIP Fellsmere, FL 32948 ☐ Change ☒ Addition

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

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

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

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 617, 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90016 004 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)