Sent By: LACHER MCDONALD CO; 7273916054;

FILED
Jun 30, 2002 8:00 am
Secretary of State
05-29-2002 90739 023 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000007502

1. Entity Name
MARIA A. MILLER, D.V.M., P.A. VET CALLS

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4107 W. MULLEN AVE.	4107 W. MULLEN AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA, FL	City & State: TAMPA, FL
Zip: 33609 Country: USA	Zip: 33609 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3636451 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MARIA A. MILLER
Street Address (P.O. Box Number is Not Acceptable): 4107 W.MULLEN AVE.
City: TAMPA FL Zip Code: 33609

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] 6-21-02
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)

Annually - If May 1 Fee is $150.00 After May 1 Fee is $550.00 Additional Fee is $61.25 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

TITLE	PRESIDENT
NAME	MARIA A. MILLER
STREET ADDRESS	4107 W. MULLEN AVE.
CITY - ST - ZIP	TAMPA, FL 33609
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Date Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BTF FL703181F.1

Attachment [redacted]
DOC# P00000007502

May 16, 2002

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

I am enclosing my check for $150 for the filing of my UBR. I never received the original form and it was just brought to my attention that this filing was due May 1st. It was never my intention to not comply with filing requirements and I respectfully request that you accept the $150 for the filing of the return.

Thank you for your attention in this matter.

Sincerely,

Maria A. Miller, D.V.M.

Enclosure