

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91163 031 ***150.00

DOCUMENT # P00000021070

1. Entity Name

ANIMAL HEALTH CENTER OF PORT ST. LUCIE, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1861 SW GATLIN BLVD.

Suite, Apt. #, etc.

3. Mailing Address

1861 SW GATLIN BLVD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PORT ST. LUCIE, FL

City & State

PORT ST. LUCIE, FL

4. FEI Number

65 0986655

Applied For

Not Applicable

Zip

34953

Country

USA

Zip

34953

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

GREGGORY J BAXTER

Street Address (P.O. Box Number is Not Acceptable)

1861 SW GATLIN BLVD

City

PORT ST. LUCIE

FL

Zip Code

34953

**DO NOT WRITE
IN THIS SPACE**

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]

Signature, typed or printed name of registered agent not applicable.

(NOTE: Registered Agent signature required when reconstituting)

4/30/02

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

January 1 - May 1: Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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

GREGGORY J BAXTER

STREET ADDRESS

1861 SW GATLIN BLVD

CITY - ST - ZIP

PORT ST LUCIE FL 34953

TITLE

SECRETARY

NAME

KEA ADILADO FISHER

STREET ADDRESS

1861 SW GATLIN BLVD

CITY - ST - ZIP

PT. ST. LUCIE FL 34953

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

GREGGORY J BAXTER

4/30/02

DATE

561-521-5001

Daytime Phone #

CR2E034B (12/01)