

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 16, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000056718**1. Entity Name  
VONLUBBE VETERINARY SERVICES, P.A.

## Principal Place of Business

1309 FRANCIS AVENUE

METARIE  
70003

LA

## Mailing Address

1309 FRANCIS AVENUE

METARIE  
70003

LA

## 2. Principal Place of Business

1627 E. SILVER STAR

## 3. Mailing Address

1627 E. SILVER STAR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

## City &amp; State

OCOE

FL

## City &amp; State

OCOE

FL

Zip  
34761

Country

Zip  
34761

Country

## 4. FEI Number

72-1477492

Applied For

Not Applicable

## 5. Certificate of Status Desired

☐**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

CORPORATE CREATIONS ENTERPRISES, INC.  
941 FOURTH STREET #200MIAMI BEACH  
33139

FL

US

## 7. Name and Address of New Registered Agent

## Name

VONLUBBE STEFAN KDVM

Street Address (P.O. Box Number is Not Acceptable)  
3100 OLD WINTER GARDEN ROAD, APT. 221City  
OCOE

FL

Zip Code  
34761

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 **STEFAN K VONLUBBE, DVM**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

05/16/2001

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

TITLE	D	<input type="checkbox"/> Delete
NAME	VONLUBBE STEFAN DVM	
STREET ADDRESS	1309 FRANCIS AVENUE	
CITY-ST-ZIP	METARIE LA 70003	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VONLUBBE STEFAN DVM	
STREET ADDRESS	3100 OLD WINTER GARDEN ROAD, APT 221	
CITY-ST-ZIP	OCOE FL 34761	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **Stefan VonLubbe, DVM**

D

05/16/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)