

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 10, 2001 8:00 am
Secretary of State

08-10-2001 90002 046 ***150.00

DOCUMENT # P00000058690

1. Entity Name
LAKE MARY COMPANION ANIMAL HOSPITAL, P.A.

Principal Place of Business
3895 LAKE EMMA RD. STE 137
LAKE MARY FL 32746

Mailing Address
3895 LAKE EMMA RD. STE 137
LAKE MARY FL 32746

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

39-3654436

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOLLNER, RICHARD A CPA
2917 W ST RD 434, STE 151
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	PRESIDENT & CEO	<input type="checkbox"/> Delete
NAME	DR. BRIAN A. SCOTT	
STREET ADDRESS	3895 LAKE EMMA ROAD; SUITE 137	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	SECRETARY/TREASURER	<input type="checkbox"/> Delete
NAME	NANCY F. SCOTT	
STREET ADDRESS	3895 LAKE EMMA ROAD; SUITE 137	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PRESIDENT & CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DR. BRIAN A. SCOTT	
STREET ADDRESS	3895 LAKE EMMA ROAD; SUITE 137	
CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE	SECRETARY/TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NANCY F. SCOTT	
STREET ADDRESS	3895 LAKE EMMA ROAD; SUITE 137	
CITY-ST-ZIP	LAKE MARY FL 32746	
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 to an address, with all other like empowered.

SIGNATURE

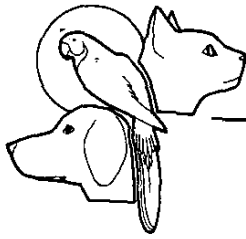
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

Attachment



Dr. # A00000058690 A008070E
Lake Mary Companion Animal Hospital, P.A.

BRIAN A. SCOTT, D.V.M.

SCOTT M. TRUEX, D.V.M.

3895 Lake Emma Road • Suite 137 • Lake Mary, Florida 32746
(407) 333-2739 • Fax (407) 444-2277

Dear Sirs,

As per my conversation with your office. I
am enclosing my company's first (UBR) with the
officers listed. We never received the initial form!

However, your office advised me to fill out the
form & include the standard 150⁰⁰ fee.

We appreciate your understanding, & we will
looking for our form next year!

Sincerely,

Brian A. Scott