

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 09, 2001 8:00 am**  
**Secretary of State**

07-24-2001 90021 010 \*\*\*550.00

U1100-9 A1

**DOCUMENT # P00000117170**

1. Entity Name  
**GRANT ANIMAL CLINIC, INC.**

*(Handwritten mark)*

Principal Place of Business      Mailing Address  
**4982 SOUTH U.S. HIGHWAY 1**      **4982 SOUTH U.S. HIGHWAY 1**  
**GRANT FL 32949**                      **GRANT FL 32949**



DO NOT WRITE IN THIS SPACE

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 **59368845**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HENDERSON, STEVE L ESQ.**  
**817 BEACHLAND BOULEVARD**  
**VERO BEACH FL 32983**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **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 NAME	<b>D BECKETT, KATHERINE A</b> <input type="checkbox"/> Delete
STREET ADDRESS	<b>5562 LOBLOLLY PLACE</b>
CITY-ST-ZIP	<b>GRANT FL 32949</b>
TITLE NAME	<b>D BECKETT, GLEN A</b> <input type="checkbox"/> Delete
STREET ADDRESS	<b>5562 LOBLOLLY PLACE</b>
CITY-ST-ZIP	<b>GRANT FL 32949</b>
TITLE NAME	_____ <input type="checkbox"/> Delete
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE NAME	_____ <input type="checkbox"/> Delete
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE NAME	_____ <input type="checkbox"/> Delete
STREET ADDRESS	_____
CITY-ST-ZIP	_____

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE NAME	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE NAME	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE NAME	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
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 or without other like empowerment.

SIGNATURE: *(Handwritten Signature)* **SIGNATURE REQUIRED**      Date **7/17/01**      Daytime Phone # **(321) 725-6444**

CR2E034 (5/01)