

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90228 014 ***150.00

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DOCUMENT # P01000001527

1. Entity Name
SHARN VETERINARY, INC.



Principal Place of Business
4312 CARROLLWOOD VILLAGE DRIVE
TAMPA FL 33624

Mailing Address
4312 CARROLLWOOD VILLAGE DRIVE
TAMPA FL 33624

New address:

New address:

2. Principal Place of Business
12706 Casey Road

3. Mailing Address
12706 Casey Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tampa, FL

City & State
Tampa, FL

Zip
33624

Country
USA

Zip
33624

Country
USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3691549**

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHULTZ, ANDREW W
4312 CARROLLWOOD VILLAGE DRIVE
TAMPA FL 33624

Name

Street Address (P.O. Box Number is Not Acceptable)
12706 Casey Road

T

City
Tampa

FL **Zip Code**
33624

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Andrew W. Schultz*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/27/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **SCHULTZ, ANDREW W**
STREET ADDRESS **4312 CARROLLWOOD VILLAGE DRIVE**
CITY-ST-ZIP **TAMPA FL 33624**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **12706 Casey Road**
CITY-ST-ZIP **Tampa, FL 33624**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Andrew W. Schultz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/03

Date

813-962-6664

Daytime Phone #

CR2E034 (10/02)