

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90668 001 ***150.00

DOCUMENT # P01000020638

1. Entity Name
VETERINARY ASSISTANT SCHOOLS OF FLORIDA, INC.



Principal Place of Business
3521 FORSYTH RD.
WINTER PARK FL 32792

Mailing Address
3521 FORSYTH RD.
WINTER PARK FL 32792

2. Principal Place of Business
3505 FORSYTH RD
Suite, Apt. #, etc.

3. Mailing Address
3505 FORSYTH RD
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
WINTER PARK FL
Zip
32792

City & State
WINTER PARK FL
Zip
32792

4. FEI Number 59-3523212

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ADKINS, LARRY
3521 FORSYTH RD.
WINTER PARK FL 32792

7. Name and Address of New Registered Agent

Name LARRY ADKINS
Street Address (P.O. Box Number is Not Acceptable) 3505 FORSYTH RD
City WINTER PARK FL **Zip Code** 32792

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

(NOTE: Registered Agent signature required when reinstating)

DATE 3/14/03

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

TITLE PD ☐ Delete
NAME ADKINS, LARRY
STREET ADDRESS 3521 FORSYTH RD.
CITY-ST-ZIP WINTER PARK FL 32792

TITLE V ☐ Delete
NAME MARTINEZ, MARGARET
STREET ADDRESS 3521 FORSYTH RD.
CITY-ST-ZIP WINTER PARK FL 32792

TITLE ST ☐ Delete
NAME SPINSBY, ELIZAETH
STREET ADDRESS 3521 FORSYTH RD
CITY-ST-ZIP WINTER PARK FL 32792

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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TITLE ☐ Change ☐ Addition
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: *Larry Adkins*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 3/14/03

DAYTIME PHONE # 407-678-7899

CR2E034 (10/02)