

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90043 047 ***150.00

DOCUMENT # P01000044521

1. Entity Name

ANIMAL HOSPITAL OF EAST MANATEE, INC.

Principal Place of Business

**2036 CARLTON ARMS CIR.
 BRADENTON FL 34208**

Mailing Address

**2036 CARLTON ARMS CIR.
 BRADENTON FL 34208**

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

63 1101113

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**D & B CORPORATE SERVICES, INC.
 5999 CENTRAL AVE., STE. 202
 ST. PETERSBURG FL 33710**

7. Name and Address of New Registered Agent

Name

TERRY CLEKIS

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

2036 CARLTON ARMS CIR.

City

BRADENTON

FL

Zip Code

34208

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

29 April 2002

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, 2002 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** ☐ Delete
 NAME **CLEKIS, TERRY**
 STREET ADDRESS **2036 CARLTON ARMS CIR.**
 CITY-ST-ZIP **BRADENTON FL 34208**

TITLE **D** ☒ Delete
 NAME **TILTON, RUSSELL F JR**
 STREET ADDRESS **2036 CARLTON ARMS CIR.**
 CITY-ST-ZIP **BRADENTON FL 34208**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 April 2002

Date

941-224-9200

Daytime Phone #

CR2E034 (9/01)