

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90105 042 ***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
5012 STATE RD 64 E
Suite, Apt. #, etc.

3. Mailing Address
5012 STATE RD 64 E.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Bradenton, FL
Zip
34208
Country
Manatee

City & State
Bradenton, FL
Zip
34208
Country
Manatee

4. FEI Number **65-1101113**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CLEKIS, TERRU
2036 CARLTON ARMS CIR
BRADENTON FL 34208**

7. Name and Address of New Registered Agent

Name **Clekis, Terry**
Street Address (P.O. Box Number is Not Acceptable)
5012 STATE ROAD 64 E
City **Bradenton** FL **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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE **1/31/03**

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
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **CLEKIS, TERRY**
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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **Clekis, Terry**
STREET ADDRESS **5012 STATE ROAD 64 E.**
CITY-ST-ZIP **Bradenton, FL 34208**

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

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

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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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/03 (941) 745-1513

Date

Daytime Phone #

CR2E034 (10/02)