

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-17-2003 91050 041 ***150.00

DOCUMENT # P01000069207



1. Entity Name
THE CAT HOSPITAL ON PARK STREET, INC.

Principal Place of Business
**22 PARK STREET S.
ST. PETERSBURG FL 33707**

Mailing Address
**22 PARK STREET S.
ST. PETERSBURG FL 33707**



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 **59-3731999**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILKES, CLARE WILSON DVM
22 PARK STREET S.
ST. PETERSBURG FL 33707**

Name **Wilson, CLARE T.**

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

22 PARK STREET S

City **ST PETERSBURG**

FL

Zip Code **33707**

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 **Clare J. Wilson, DVM**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-6-03

9. **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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **DPST WILKES, CLARE WILSON**
STREET ADDRESS **22 PARK STREET S.**
CITY-ST-ZIP **ST. PETERSBURG FL 33707**

TITLE ☒ Change ☐ Addition
NAME **Wilson, CLARE T.**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **V LIGHTFOOT, TERESA L**
STREET ADDRESS **1050 STARKEY RD. #401**
CITY-ST-ZIP **LARGO FL 33771**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **Clare J. Wilson, DVM**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-6-03

727 381-2287

CR2E034 (10/02)