

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90029 006 ***150.00

DOCUMENT # P01000117644

1. Entity Name
FULLER VETERINARY CLINIC, INC.

Principal Place of Business
408 WEST UNIVERSITY AVENUE
SUITE #406
GAINESVILLE FL 32601

Mailing Address
408 WEST UNIVERSITY AVENUE
SUITE #406
GAINESVILLE FL 32601

2. Principal Place of Business
852 S.A. 21 NORTH

3. Mailing Address
630 N. WILD OLIVE AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MELROSE FL

City & State
DAYTONA BEACH, FL

4. FEI Number

☒ **Applied For**
☐ **Not Applicable**

Zip
32666 **Country**
USA

Zip
32118 **Country**
USA

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

HOPE, A. BICE
408 WEST UNIVERSITY AVENUE
SUITE #406
GAINESVILLE FL 32601

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
D ☒ **Delete**
NAME
HOPE, A. BICE
STREET ADDRESS
408 WEST UNIVERSITY AVE., SUITE #406
CITY-ST-ZIP
GAINESVILLE FL 32601

TITLE
D/P ☐ **Change** ☒ **Addition**
NAME
DAVID D. FULLER, JR.
STREET ADDRESS
630 N. WILD OLIVE AVE., SUITE A
CITY-ST-ZIP
DAYTONA BEACH, FL 32118

TITLE
NAME ☐ **Delete**
STREET ADDRESS
CITY-ST-ZIP

TITLE
D/NP ☐ **Change** ☒ **Addition**
NAME
PATRICIA S. FULLER
STREET ADDRESS
10897 KRUGERAND LN.
CITY-ST-ZIP
JACKSONVILLE, FL 32218

TITLE
NAME ☐ **Delete**
STREET ADDRESS
CITY-ST-ZIP

TITLE
D/S/T ☐ **Change** ☒ **Addition**
NAME
JOHN R. FULLER
STREET ADDRESS
1102 S.W. 80TH TERR.
CITY-ST-ZIP
GAINESVILLE, FL 32607

TITLE
NAME ☐ **Delete**
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ **Delete**
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ **Delete**
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ **Change** ☐ **Addition**
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID D. FULLER, JR.

2/14/02

386-253-7865

Date

Daytime Phone #

CR2E034 (9/01)