

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90050 050 \*\*\*150.00

**DOCUMENT # P01000117644**

**1. Entity Name**  
**FULLER VETERINARY CLINIC, INC.**



**Principal Place of Business**

852 S.R. 21 NORTH  
MELROSE FL 32666  
US

**Mailing Address**

630 N. WILD OLIVE AVE.  
SUITE A  
DAYTONA BEACH FL 32118  
US

**2. Principal Place of Business**

**3. Mailing Address**

630 N. WILD OLIVE AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUITE A  
DAYTONA BEACH, FL

Zip

Country

Zip

Country

32118

USA

☒ CHECK HERE IF MAKING CHANGES

**4. FEI Number**

04-3617215  
APPLIED FOR

Applied For

Not Applicable

**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. 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

**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** DP ☐ Delete  
**NAME** FULLER, DAVID D JR  
**STREET ADDRESS** 630 N. WILD OLIVE AVE., SUITE A  
**CITY-ST-ZIP** DAYTONA BEACH FL 32118

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

**TITLE** DVP ☐ Delete  
**NAME** FULLER, PATRICIA S  
**STREET ADDRESS** 10897 KRUGERAND LN.  
**CITY-ST-ZIP** JACKSONVILLE FL 32218

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

**TITLE** DST ☐ Delete  
**NAME** FULLER, JOHN R  
**STREET ADDRESS** 1102 SW 80TH TERR.  
**CITY-ST-ZIP** GAINESVILLE FL 32607

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

**TITLE** ☐ Delete  
**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:**

*SIGNATURE*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/03  
Date

386-253-7865  
Daytime Phone #

CR2E034 (10/02)