## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

## P01000118985 DOCUMENT #

1. Entity Name

Principal Place of Business

14015 NORTH HIGHWAY 441

JOANNE STAPLER DVM, P.A.



## **FILED** Jan 17, 2003 8:00 am Secretary of State 01-17-2003 90085 013 \*\*\*150.00

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14015 NORTH HIGHWAY 441 CITRA FL 32113		14015 NORTH HIGHWAY 441 CITRA FL 32113							
2. Principal Place of Business 3.		3. Mailing Address	. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & Sta	te	City & State			4.	203AAMO 10			Applied For
Zip	Country	Zip	Country		5.	5. Certificate of Status Desired		\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent			7.	Name and Address of New	Registere		
CTADI CD	IO ANNIE		Name						
	, JOANNE	والمراجعة والمتعارض والمتع	Street Address			(P.O.:Box Number is Not-Acceptable)			
	ORTH'HIGHWAY 441	•				and the not not place of the second of the s			
CITRA FL	32113								
				City			F	Zip Cod	
8. The above	named entity submits this statement to	r the purpose of sharping it		-1 - 60	<del></del>			<b>-</b> :	
the obliga	named entity submits this statement for tions of registered agent.	r the purpose of changing it	is registere	a office of	r registered a	gent, or both, in the State of F	iorida. I an	n familiar with	, and accept
OLONIATI (DE									
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered	Agent signati	ure required when	reinstating)	DATE		
F	ILE NOW!!! FEE IS \$150.00	:		=		Tomotalingy	DATE		
After May 1, 2003 Fee will be \$550.00						9. Election Campaign Fi	inancina	<b>\$</b> 5 (	<b>00</b> May Be
Make Check	Payable to Florida Department of	State	•			Trust Fund Contribution		☐ Added	d to Fees
10.	OFFICERS AND	DIRECTORS	11.		ΔΙ		FICEDS AA	IO DIDECTOR	
TITLE	D	☐ Delete -	TITLE			DDITIONS/CHANGES TO OF	-ICERS AN	Change	Addition
NAME	STAPLER, JOANNE	,	NAMÉ					□ onange	☐ Addition
STREET ADDRESS - CITY-ST-ZIP	14015 NORTH HIGHWAY 441	,		ADDRESS		•			
<del></del>	CITRA FL 32113		CITY-S	ST-ZIP			•		
TITLE Namé		☐ Delete	TITLE	٠.				☐ Change	☐ Addition
STREET ADDRESS			NAME						
CITY-ST-ZIP		<i>:</i>	CITY-S	ADDRESS	:				
TITLE		П вы	<del></del>		·	<u> </u>		<u>.</u>	<del></del>
NAME		☐ Delete	TITLE NAME					Change	Addition
STREET ADDRESS				ADDRESS		•	•	3	
CITY-ST-ZIP			CITY-S	T-ZiP				•	
TITLE		☐ Delete	TITLE		<del>.</del>	<del></del>		Change	☐ Addition
NAME	المحادث المحادثات	and the second of the second o		التائز جينيات.	نفط سيدبيراسيسا	أممينا فإسوسون بتنزع	, majerija	П criange	· L. J. Addition
STREET ADDRESS	• • • • • • • • • • • • • • • • • • • •		STREET	ADDRESS	. •		• •		
CITY-ST-ZIP	*		CITY-S1	r- ZiP					
TITLE		Delete	TITLE		,	· · · · · · · · · · · · · · · · · · ·		☐ Change	. Addition
NAME STREET ADDRESS			NAME	· [					,
CITY-ST-ZIP				ADDRESS	*,				
TITLE		☐ Delete	CITY-ST	-ZIP					
NAME		□ Delete	TITLE NAME	. [				Change ·	☐ Addition
STREET ADDRESS			STREET A	ADDRESS				•	}
CITY-ST-ZIP			CITY-ST	- ZIP					
12. I hereby ce	ortify that the information supplied with t	his filing does not qualify for	the exemp	tion state	d in Section :	110.07(2)(i) Florido Ctatutas I	E 41		

12 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: