

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

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

03-17-2003 91096 021 \*\*\*158.75

DOCUMENT # *P02000043676*

1. Entity Name

*Anastasi's Cat Clinic, Inc.*



**90054454**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*1340 Old Dixie Highway*

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*St. Augustine, FL*

City & State

4. FEI Number

*01-0709161*

Applied For

Not Applicable

Zip

*32086*

Country

*USA*

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name *David Internoscid*

Street Address (P.O. Box Number is Not Acceptable)  
*3149 Ponce de Leon Blvd.*

*Unit # 7*

City *St. Augustine*

**FL**

Zip Code

*32084*

**DO NOT WRITE  
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
*VISIT/D  
ASHLEY K. PAPER  
62 Lighthouse Ave  
St. Augustine, FL 32080*

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *X Ashley K. Paper DMM*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/12/03*

Date

Daytime Phone #

*904/824-2287*

CR200343 (3/02)