

FILED  
May 01, 2003 8:00 am  
Secretary of State

05-01-2003 90256 001 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000064069

1. Entity Name  
**JENNIFER VEAZY CRNA, PA**



Principal Place of Business  
17914 VILLA CREEK DR.  
TAMPA, FL 33647

Mailing Address  
17914 VILLA CREEK DR.  
TAMPA, FL 33647

2. Principal Place of Business  
**30807 TREMONT DR**  
Suite, Apt. #, etc.

3. Mailing Address  
**30807 TREMONT DR**  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
**WESLEY CHAPEL, FL**  
Zip  
**33543**  
Country  
**PASCO**

City & State  
**WESLEY CHAPEL, FL**  
Zip  
**33543**  
Country  
**PASCO**

4. FEI Number  
**01-0598229**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**VEAZY, JENNIFER**  
17914 VILLA CREEK DR.  
TAMPA, FL 33647

7. Name and Address of New Registered Agent

Name  
**JENNIFER VEAZEY**  
Street Address (P.O. Box Number is Not Acceptable)  
**30807 TREMONT DR**  
City  
**WESLEY CHAPEL** FL Zip Code  
**33543**

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

*Jennifer Veazy*

**JENNIFER VEAZEY**

(NOTE: Registered Agent's signature required when reinstating)

DATE

**4/29/2003**

FILE NOW!!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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	<input type="checkbox"/> Delete
PD	VEAZY, JENNIFER	17914 VILLA CREEK DR.	TAMPA, FL 33647	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	JENNIFER VEAZEY	30807 TREMONT DR	WESLEY CHAPEL, FL 33543	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (10/02)

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:

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

**JENNIFER VEAZEY**

**4/29/2003**

**813-625-6111**

Date

Daytime Phone #