FILED
Mar 03, 2003 8:00 am
Secretary of State
02-04-2003 90110 038 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2

DOCUMENT # P02000106305

1. Entity Name
BAYCREST VETERINARY HOSPITAL, INC.

Principal Place of Business
7785 OAKHURST RD
SEMINOLE FL 33776

Mailing Address
7785 OAKHURST RD
SEMINOLE FL 33776

2. Principal Place of Business
2228 9th ST. N
Suite, Apt. #, etc.
City & State
ST. PETERSBURG FL
Zip 33704
Country

3. Mailing Address
2228 9th ST. N.
Suite, Apt. #, etc.
City & State
ST. PETERSBURG, FL
Zip 33704
Country

☒ CHECK HERE IF MAKING CHANGES.

4. FEI Number 54-2076981
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
SCHULER, TIMOTHY C
9075 SEMINOLE BLVD
SEMINOLE FL 33772

7. Name and Address of New Registered Agent
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 _____ 1/31/03
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE	President ☐ Delete
NAME	TOLLON, DAVID C
STREET ADDRESS	7785 OAKHURST RD
CITY-ST-ZIP	SEMINOLE FL 33776
TITLE	Vice president ☐ Delete
NAME	SCHUBERT, CAROL
STREET ADDRESS	520 WEST 11th STREET
CITY-ST-ZIP	TRACY, CA 95376
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: SIGNATURE REQUIRED 1/31/03 727-391-9784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #