

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


**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91782 007 \*\*\*150.00

0501159 AV

DOCUMENT # **P02000121641**

1. Entity Name  
**AARDVARK CAT & DOG VETERINARY HOSPITAL, PA**



Principal Place of Business  
**9071 BELCHER ROAD  
PINELLAS PARK FL 33782  
US**

Mailing Address  
**9071 BELCHER ROAD  
PINELLAS PARK FL 33782  
US**

**11041434**



2. Principal Place of Business  
**9071 Belcher Road**

Suite, Apt. #, etc.  
**Ø**

City & State  
**PINELLAS PARK FL**

3. Mailing Address  
**9071 Belcher Road**

Suite, Apt. #, etc.  
**Ø**

City & State  
**PINELLAS PARK, FL**

CHECK HERE IF MAKING CHANGES

4. FEI Number  
**05-0547636**

Applied For  
 Not Applicable

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

Zip **33782** Country **USA**

Zip **33782** Country **USA**

6. Name and Address of Current Registered Agent

**COGLEY, THOMAS P DR.  
9071 BELCHER ROAD  
PINELLAS FL 33782**

7. Name and Address of New Registered Agent

Name **COGLEY, THOMAS P**

Street Address (P.O. Box Number is Not Acceptable)  
**9071 Belcher Road**

City **PINELLAS PARK FL** Zip Code **33782**

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 *TCogley* DATE **5/1/03**

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<b>PRES COGLEY, THOMAS P DR. 9071 BELCHER ROAD PINELLAS FL 33782</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES COGLEY, THOMAS P 9071 Belcher Road PINELLAS PARK, FL 33782</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *TCogley* **SIGNATURE REQUIRED** DATE **5/1/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)