

**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	PRES COGLEY, THOMAS P DR. 9071 BELCHER ROAD PINELLAS FL 33782	<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	PRES COGLEY, THOMAS P 9071 Belcher Road PINELLAS PARK, FL 33782	<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** DATE **5/1/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (10/02)