

2000 UNIFORM BUSINESS REPORT (UBR)

4/

FILED

May 19, 2000 8:00 am
Secretary of State

04-12-2000 90169 021 ***150.00

DOCUMENT # P92 000002739

1. Entity Name
BOYNTON PET VET, INC

Principal Place of Business
706 W Boynton Beach
BOYNTON BEACH, FL 33426

Mailing Address
706 N. B.B. Blvd
Suite 104
BB FL 33426

2. Principal Place of Business
79 S. FEDERAL HWY

3. Mailing Address
PMB 529

Suite, Apt. #, etc.
13860 WELLINGTON TRAIL

City & State
DEERFIELD BEACH, FL

City & State
WELLINGTON, FL

Zip 33441 **Country** USA

Zip 33414 **Country** US

4. FEI Number
65-0370181

Applied For
☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent
DAVE MOORE
THE TAX SHOP
5319 N. DIXIE HWY
FT LAUDERDALE, FL 33334

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE <u>PRESIDENT</u>	<input type="checkbox"/> Delete
NAME <u>J. ROBERT DAVIS</u>	
STREET ADDRESS _____ CITY-ST-ZIP _____	
TITLE <u>TREASURER</u>	<input type="checkbox"/> Delete
NAME <u>EUGENE HASKIN</u>	
STREET ADDRESS _____ CITY-ST-ZIP _____	
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] **DATE** 3/31/00 **Daytime Phone #** _____

CR2E034 (9/99)