

1/22/01-90

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2001 8:00 am
Secretary of State

01-22-2001 90037 030 ***150.00

DOCUMENT # P93000001928

1. Entity Name

ANICO VETERINARY PRODUCTS, INC.

Principal Place of Business

3334 MCKINLEY ST.
HOLLYWOOD FL 33021
US

Mailing Address

3334 MCKINLEY ST.
HOLLYWOOD FL 33021
US

2. Principal Place of Business

SMB

Suite, Apt. #, etc.

3. Mailing Address

Box 813787 HOLLYWOOD FL 33081

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0406457

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

EPSTEIN, RAYMOND L
3334 MCKINLEY ST.
HOLLYWOOD FL 33021CHANGE ADDRESS
Box 813787
HOLLYWOOD FL 33081

7. Name and Address of New Registered Agent

Name EPSTEIN, RAYMOND L

Street Address (P.O. Box Number is Not Acceptable)

3334 MCKINLEY ST

City HOLLYWOOD,

FL

Zip Code 33021

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

Raymond L. Epstein

Signature, typed or printed name of registered agent and title if applicable.

(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, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPPD
EPSTEIN, RAYMOND L
3334 MCKINLEY STREET
HOLLYWOOD FL 33021☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPVD
EPSTEIN, ADELE
3334 MCKINLEY STREET
HOLLYWOOD FL 33021☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteNOTIFY SENDER OF NEW ADDRESS
ANICO VET PROD AVP
PO BOX 813787
HOLLYWOOD FL 33081-3787

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE

☐ Change ☐ AdditionADDRESS
CITY-ST-ZIPADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ 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:

Raymond L. Epstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

954 981-2097
Daytime Phone #

CR2E034 (10/00)