

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000016939**

1. Entity Name

CHERYL L. ANKENBRANDT, D.V.M., P.A.**FILED**
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90116 005 ***150.00

Principal Place of Business

7257 ROYAL OAK DRIVE
SPRING HILL FL 34607

Mailing Address

7257 ROYAL OAK DRIVE
SPRING HILL FL 34607-2365

80011646



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15120 Anchorage Way
Suite, Apt. #, etc.

3. Mailing Address

15120 Anchorage Way
Suite, Apt. #, etc.

City & State

Ft. Myers, FL

City & State

Ft. Myers, FL

4. FEI Number

59-3176224

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

MARLOWE, RUSSELL G
DAVIS & MARLOWE
8514 STATE RD. 54
NEW PORT RICHEY FL 34653

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

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
ANKENBRANDT, CHERYL L
7257 ROYAL OAK DRIVE
SPRING HILL FL 34607 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
Ankenbrandt, Cheryl L
15120 Anchorage Way
Ft. Myers, FL 33908 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
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: *C.L. Ankenbrandt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C.L. Ankenbrandt

Date

1-27-00 941-4154665

Daytime Phone #