2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000048224

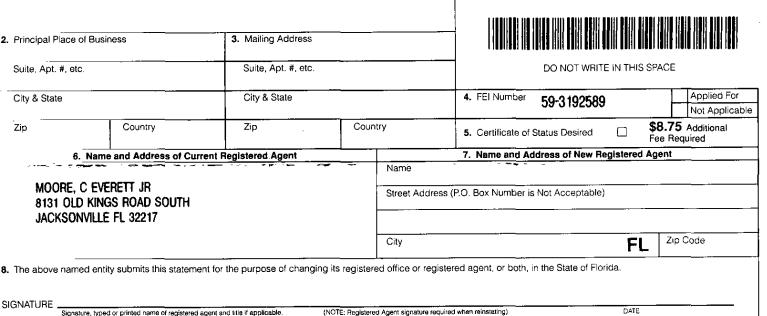
1. Entity Name

KINGS TRAIL ANIMAL HOSPITAL, P.A.

Principal Place of Business Mailing Address 8131 OLD KINGS RD. SOUTH 34 OLD KINGS RD. SOUTH IACKSONWILLE FL 32217 JACKSONVILLE FL 32217-4520

FILED Mar 02, 2000 8:00 am Secretary of State

03-02-2000 90097 002 ***150.00



9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE MOORE, EVERETT C JR NAME NAME 8131 OLD KINGS RD., SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE MOORE, EVERETT C JR NAME NAME 8131 OLD KINGS RD., SOUTH STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE MOORE, SANDRA B NAME NAME 8131 OLD KINGS ROAD 5 STREET ADDRESS STREET ADDRESS JACKSONVILE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

FILE NOW!!! FEE IS \$150.00

13. I hereby certify that the information supplied with this filling 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 application, with all other like empowered.

CER OR DIRECTOR

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP