

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000067274

1. Entity Name

KIRKMAN AREA ANIMAL CLINIC, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90090 020 ***150.00

Principal Place of Business

Mailing Address

4550 SOUTH KIRKMAN ROAD
ORLANDO FL 32811

4550 SOUTH KIRKMAN ROAD
ORLANDO FL 32811-2403

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5633 Metro West Blvd Suite, Apt. #, etc. 5633 Metro West Blvd Suite, Apt. #, etc.

City & State

City & State

Orlando FL 32811

Orlando FL 32811

Zip 32811

Country USA

Zip 32811

Country USA

4. FEI Number 59-3203471

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBINSON, GLORIA J
1320 S ORLANDO AVE
SUITE 4
WINTER PARK FL 32789

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 State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME OLIVER, TED
STREET ADDRESS 14200 CORKWOOD LN
CITY-ST-ZIP ASTATULA FL 34705

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

TITLE D ☐ Delete
NAME OLIVER, ERIKA
STREET ADDRESS 14200 CORKWOOD LN
CITY-ST-ZIP ASTUATULA FL 34705

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Erika G. Oliver Erika G. Oliver 4-18-00 (407) 295-7547
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)