

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000085342

1. Entity Name

ANIMAL MEDICAL REFERRAL CENTER, INC.

Principal Place of Business

1102 E BLOOMINGDALE AVE  
VALRICO FL 33594

Mailing Address

13910 N. DALE MABRY HWY.  
SUITE ONE  
TAMPA FL 33618-2440  
US

2. Principal Place of Business

3. Mailing Address

3355 Bears Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa, Florida

Zip

Country

Zip

33618

Country

4. FEI Number

59-3215230

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

SANDERS, WALTER  
13910 N DALE MABRY HWY  
SUITE ONE  
TAMPA FL 33618

Name

Walter Sanders

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

3355 Bears Ave

City

Tampa

FL

Zip Code

33618

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)

2/22/2000

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	<input type="checkbox"/> Delete
NAME	D
STREET ADDRESS	ANTUNANO, JAMES
CITY-ST-ZIP	1102 E BLOOMINGDALE AVE VALRICO FL 33594
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90007 038 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)