

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 07, 2003 8:00 am
Secretary of State

07-07-2003 90136 029 ***150.00

DOCUMENT # P93000085342 (L)

1. Entity Name

ANIMAL MEDICAL REFERRAL CENTER, INC



DO NOT WRITE IN THIS SPACE

90140613

2. Principal Place of Business

3. Mailing Address

1102 E. BLOOMINGDALE AVE

3355 W. BEARSS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

VALRICO, FL

TAMPA, FL

4. FEI Number

Applied For

Zip

Country

Zip

Country

33594

USA

33618

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

WALTER SANDERS

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

3355 W. BEARSS 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Walter Sanders

WALTER SANDERS

7-3-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME ANTUNANO, JAMES
STREET ADDRESS 1102 E. BLOOMINGDALE AVE.
CITY-ST-ZIP VALRICO, FL 33594

TITLE
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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

James Antunano

7-3-03

Date

Daytime Phone #

CR2E034B (12/02)

Attachment

WS

Walter S. Sanders & Associates, P.A.

ACCOUNTANT • TAX SPECIALIST • BUSINESS CONSULTANT

90140613

July 3, 2003

Uniform Business Report
Division of Corporations
PO Box 1500
Tallahassee, Florida 32302-1500

RE: Animal Medical Referral Center, Inc.
Doc. #P93000085342

Dear Sir or Madam:

We recently discovered that the above referenced corporation never received the 2003 Uniform Business Report from the State of Florida Department of Revenue. Therefore, Animal Medical Referral Center, Inc. is remitting, along with a handwritten 2003 Uniform Business Report, a check to the Department of State in the amount of \$150.00 to cover the cost of filing the Uniform Business Report for the year 2003. We are asking that the penalty be abated since the State of Florida-Department of Revenue failed to mail to Animal Medical Referral Center, Inc. an original Uniform Business Report at the beginning of the year 2003.

Thank you.

Sincerely,



Walter S. Sanders

WS/sw