

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000002462**

1. Entity Name
Cheney and Northrop, D.V.M., P.A.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

01 MAY -2 PM 4:08

Principal Place of Business Mailing Address
5120 N. Hills Dr. 5120 N. Hills Dr.
Hollywood, FL 33021 Hollywood, FL 33021

400004221114--0
-05/16/01--01130--003
****150.00 ****150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Suite, Apt. # etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number **61-1253589** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
Larry Collins
151 S.E. 8th St.
Ocala, FL 34471

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 _____ (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!!
After MAY 1, 2001 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			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PST Cheney, Mark	5120 N. Hills Dr.	Hollywood, FL
	<input type="checkbox"/> Delete		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	V Northrop, Foster	5120 N. Hills Dr.	Hollywood, FL
	<input type="checkbox"/> Delete		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<input type="checkbox"/> Delete		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<input type="checkbox"/> Delete		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<input type="checkbox"/> Delete		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<input type="checkbox"/> Change	<input type="checkbox"/> 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 the 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 corporations.

SIGNATURE: **Mark W. Cheney, D.V.M.** **4/15/01** **9549647386**

CR2E034 (11/00)