

2000 UNIFORM BUSINESS REPORT (UBR)

014-016

DOCUMENT # P94000010262

1. Entity Name

DUNNELLO ANIMAL HOSPITAL, P.A.

FILED

01 FEB -5 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 00-01

Principal Place of Business

2238 WEST DUNNELLO RD
DUNNELLO FL 34433-3005
US

Mailing Address

2238 WEST DUNNELLO RD
DUNNELLO FL 34433-3005
US

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 59-3221377

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHRIS EGAN, J.D.
20761 CHESTNUT ST.
DUNNELLO FL 34431

7. Name and Address of New Registered Agent

Name DOCK A. BLANCHARD
Street Address (P.O. Box Number is Not Acceptable)
4 S.E. BROADWAY
City Ocala FL Zip Code 34471

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D
NAME MACK, D. PAUL DR.
STREET ADDRESS 2238 WEST DUNNELLO ROAD
CITY-ST-ZIP DUNNELLO FL 34433-3005

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)