2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State
05-29-2001 90007 003 ***550.00

DOCUMENT # P94000024642

1. Entity Name
PIEDMONT ANIMAL HOSPITAL, P.A.

660699

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2444 E SEMORAND BLVD APOPKA FL 32703 US	2444 E SEMORAND BLVD APOPKA FL 32703 US

2. Principal Place of Business	3. Mailing Address
783 Piedmont Wekiva Rd	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc. SAME
City & State: Apopka FL	City & State: SAME
Zip: 32703 Country: USA	Zip / Country

4. FEI Number 59-3233260 ☐ 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
BURTON, JOHN C 2444 E SEMORAN BLVD APOPKA FL 32703	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 John C Burton (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent Signature required when reinstating) DATE 5/21/01

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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURTON, JOHN C 216 NEEDLES TRAIL LONGWOOD FL 32779	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/00)

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: John C Burton 5/21/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment 660699

PIEDMONT ANIMAL HOSPITAL
2444 East Semoran Blvd.
Apopka, Florida 32703
880-7387

Doc# 9400034642

John Burton, D.V.M.
Maureen Burton, D.V.M.

5/21/01

To whom it may concern.

We have recently moved our Business— and this Application was lost. I really can't afford the $400 late fee imposed by the department. If at all possible could the penalty be excused.

Thank you for your consideration.

John Burton.