

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90043 013 ***150.00

DOCUMENT # P94000088359

1. Entity Name
RANDY PEEL, D.V.M., P.A.

Principal Place of Business

4297 LAFAYETTE ST
MARIANNA FL 32446

Mailing Address

4297 LAFAYETTE ST
MARIANNA FL 32446

2. Principal Place of Business

ARK ANIMAL

3. Mailing Address

Same

Suite, Apt. #, etc.

4297 LAFAYETTE ST

City & State

MARIANNA FL

Zip

32446

Country

JACKSON

Zip

Country

4. FEI Number

59-3282796

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PEEL, RANDY

4297 LAFAYETTE ST

MARIANNA FL 32446

7. Name and Address of New Registered Agent

Name

H Don Kelly

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

4297 LAFAYETTE ST

City

MARIANNA

FL

Zip Code

32446

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

H Don Kelly DVM

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 \$150.00
After May 1, 2002 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 **D** ☒ **Delete**
NAME **PEEL, RANDY**
STREET ADDRESS **RT 5 BOX 271**
CITY-ST-ZIP **CHIPLEY FL 32428**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **H. Don Kelly D** ☐ **Change** ☒ **Addition**
NAME
STREET ADDRESS **4297 LAFAYETTE ST**
CITY-ST-ZIP **MARIANNA, FL 32446**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **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: **H Don Kelly DVM**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/02 (850) 526-4021
Date Daytime Phone #

CR2E034 (9/01)