

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90136 006 ***150.00

DOCUMENT # P95000003822

1. Entity Name

PATRICIA M. WESTON-BOGART, D.V.M., P.A.

Principal Place of Business

Mailing Address

**8420 MOON LAKE ROAD
 NEW PORT RICHEY FL 34654**

**8623 REGENCY PARK BLVD
 PORT RICHEY FL 34668-5742**

U I U U U U

2. Principal Place of Business

7642 PLATHE ROAD

Suite, Apt. #, etc.

3. Mailing Address

9300 REGENCY PARK BLVD

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
NEW PORT RICHEY, FL

City & State
PORT RICHEY, FL

4. FEI Number **59-3289761**

Applied For
 Not Applicable

Zip
34653

Country
PASCO

Zip
34668

Country
PASCO

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

**WESTON-BOGART, PATRICIA M
 8420 MOON LAKE ROAD
 NEW PORT RICHEY FL 34654**

Name

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

7642 PLATHE ROAD

City
NEW PORT RICHEY

FL

Zip Code
34653

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 **PATRICIA M. WESTON-BOGART DPVT**

2-14-00

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, 2000 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 **DPVT** Delete
 NAME **WESTON-BOGART, PATRICIA M.**
 STREET ADDRESS **8420 MOON LAKE ROAD**
 CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE Change Addition
 NAME
 STREET ADDRESS **7642 PLATHE ROAD**
 CITY-ST-ZIP **NEW PORT RICHEY, FL 34653**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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 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: **Patricia M Weston-Bogart** DPVT
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-00 727-656-5927
 Date Daytime Phone #