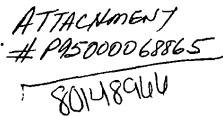
**2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT AUBR

SIGNATURE

FIFT **DOCUMENT #** P95000068865 03 OCT -3 AM 8:40 1. Entity Name HILL ITOP ANIMAL CLINIC, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 23703 E SR 44 23703 É SR 44 EUSTIS FL 32736 EUSTIS FL 32738 US IIS 2. Principal Place of Business 3. Mailing Address CHECK HERE IF MAKING CHANGES 03 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number City & State City & State Applied For 59-3337329 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired  $\Box$ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GALBRAITH, LINDA M Street Address (P.O. Box Number is Not Acceptable) 23703 E SR 44 **EUSTIS FL 32738** City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. (4/03)Addition TITLE ☐ Delete TITLE Change GALBRAITH, LINDA M NAME NAME STREET ADDRESS 23703 E SR 44 STREET ADDRESS **EUSTIS FL** CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE NAME NAME 900023490429 STREET ADDRESS STREET ADDRESS - 10/02/03--<del>01</del>004--015- \*\*150.00 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME. NAME ... STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this indicated on this report or supplemental report is true of the corporation or the receiver or trustee empower changed, or on an agraciment with an address, with it thing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director at the security of the security

## HILL TOP ANIMAL CLINIC, INC. 23703 EAST STATE ROAD 44 EUSTIS, FL 32736



Division of Corporation Uniform Business Report Filings P.O. Box 1500 Tallahassee Fl. 32302-1500

Dear Sirs:

Please find enclosed my companies UBR for 2003 and my check for \$150.00 to cover the filing fee.

I am requesting that you process the UBR as timely due to the fact that I never received the original report.

Thank you for your help in this mater.

Linda Galbraith President

Miami, September 29, 2003

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: VIDEO CORAL, INC.

Doc Number P02000087361

**Dear Sir or Madam:** 

Please find enclosed an application for reinstatement with our new address.

We have never received the 2002 Uniform Business Report. We think it was sent to a different location.

We are enclosing a check for \$150 to cover the following fees:

2002 Uniform Business Report

We want to ask you for consideration and waive the penalty for reinstatement of our organization, which was incorporated in 2002.

Your consideration will be greatly appreciated.

Sincerely

Oscar Amicarelli

President

410 NE 2<sup>nd</sup>/Street

Hallandale, FL 33009