

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000068865

1. Entity Name  
HILL TOP ANIMAL CLINIC, INC.



FILED

03 OCT -3 AM 8:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
23703 E SR 44  
EUSTIS FL 32738  
US

Mailing Address  
23703 E SR 44  
EUSTIS FL 32738  
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 59-3337329

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

GALBRAITH, LINDA M  
23703 E SR 44  
EUSTIS FL 32738

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. 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  
After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPST  
GALBRAITH, LINDA M  
23703 E SR 44  
EUSTIS FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
900023490429  
10/02/03--01004--015-- \*\*150.00  
☐ Change ☐ Addition

TITLE  
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TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda Galbraith

9-15-03

352 589-6365

CR2E034 (4/03)

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

ATTACHMENT  
# P95000068865  
80148966

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**