

DOCUMENT # P95000092428

1. Entity Name
PROFESSIONAL VETERINARY PRODUCTS, INC.

Principal Place of Business

**1850 N.W. 69TH AVENUE
SUITE 1
PLANTATION FL 33313**

Mailing Address

**1850 N.W. 69TH AVENUE
SUITE 1
PLANTATION FL 33313**

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 **65-0675198**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MUNDSCHEK, DAVID D
504 S.E. 2ND AVE.
SUITE 310 - EAST TOWER
DANIA FL 33004**

7. Name and Address of New Registered Agent

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

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, 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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	AUSTIN, BILLY DR	1850 N.W. 69TH AVENUE SUITE 1	PLANTATION FL 33313	<input type="checkbox"/>
CEO	MUNDSCHEK, DAVID DR	1850 N.W. 69TH AVENUE SUITE 1	PLANTATION FL 33313	<input type="checkbox"/>
VP	MUNDSCHEK, SUSAN	1850 N.W. 69TH AVENUE SUITE 1	PLANTATION FL 33313	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Suzanne Mundschek J.P.* **SUZANNE MUNDSCHEK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-5-01

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90052 043 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)