

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90188 049 ***150.00

DOCUMENT # P96000001725

1. Entity Name
SANTA ROSA VETERINARY CLINIC, INC



Principal Place of Business
SANTA ROSA VETERINARY CLINIC INC
321 NORTH AVE
MILTON FL 32570
US

Mailing Address
SANTA ROSA VETERINARY CLINIC INC
321 NORTH AVE
MILTON FL 32570
US

30006373



2. Principal Place of Business
Santa Rosa Veterinary Clinic
Suite, Apt. #, etc. **Inc.**
6709 North Avenue

3. Mailing Address
Santa Rosa Veterinary Clinic
Suite, Apt. #, etc. **Inc.**
6709 North Avenue

☐ CHECK HERE IF MAKING CHANGES

City & State
Milton, FL 32570
Zip

City & State
Milton, FL
Zip

32570

Country

4. FEI Number **59-3365610**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

IBRAHIM, YEHIA
SANTA ROSA VETERINARY CLINIC INC
321 NORTH AVE
MILTON FL 32570

7. Name and Address of New Registered Agent

Yehia, Ibrahim
Santa Rosa Veterinary Clinic, Inc.
Street Address (P.O. Box Number is Not Acceptable)
6709 North Avenue
City **Milton,** **FL** Zip Code **32570**

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IBRAHIM, YEHIA 2503 N.W. STEWART STREET MILTON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: X *[Signature]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-03 **(850) 623-2564**
Date Daytime Phone

CR2E034 (10/02)