

2000 UNIFORM BUSINESS REPORT (UBR)

00395

DOCUMENT # P96000062229

1. Entity Name

SCOTT MILL ANIMAL HOSPITAL, INC.

Principal Place of Business

3101 PLUMMER COVE ROAD
JACKSONVILLE FL 32223

Mailing Address

3101 PLUMMER COVE ROAD
SUITE 100
JACKSONVILLE FL 32223-6649
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBINSON, MARY A
1 INDEPENDENT DRIVE
SUITE 2600
JACKSONVILLE FL 32202

Name

Mary A. Robison

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

One Independent Drive, Suite 2600

City

Jacksonville

FL

Zip Code

32202

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

Mary A. Robison

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

(NOTE: Registered Agent signature required when reinstating)

4/27/00

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 D ☐ Delete
NAME SUGGS, ALLEN D JR.
STREET ADDRESS 8105 HUNTERS GROVE ROAD
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE VP ☒ Change ☐ Addition
NAME Allen D. Suggs, Jr.
STREET ADDRESS 8640 Phillips Hwy., Suite 20
CITY-ST-ZIP Jacksonville, Florida 32256

TITLE D ☐ Delete
NAME MASSE, KATHERINE J
STREET ADDRESS 8908 CHAMBORE DR.
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE PST ☒ Change ☐ Addition
NAME 0000032481904
STREET ADDRESS -05/10/00--01016--025
CITY-ST-ZIP *****150.00 *****150.00

TITLE VPASD ☐ Delete
NAME Anna Kohlstrung Maxwell
STREET ADDRESS 3101 Plummer Cove Road
CITY-ST-ZIP Jacksonville, Florida 32223

TITLE VPASD ☐ Change ☒ Addition
NAME Anna Kohlstrung Maxwell
STREET ADDRESS 3101 Plummer Cove Road
CITY-ST-ZIP Jacksonville, Florida 32223

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Katherine J. Masse
Katherine J. Masse

Date

Daytime Phone #

04/27/00 (904) 263-8600

FILED

00 MAY -1 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)