

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000101247

1. Entity Name

JOE A. HARPER, D.V.M., P.A.

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90230 049 \*\*\*150.00

Principal Place of Business

6071 SABAL CROSSING COURT  
PORT ORANGE FL 32124

Mailing Address

6071 SABAL CROSSING COURT  
PORT ORANGE FL 32169-5401

2. Principal Place of Business

3855 S. NOVA RD.

3. Mailing Address

21 RICHMOND DR.

Suite, Apt. #, etc.

PORT ORANGE

Suite, Apt. #, etc.

NEW SMYRNA BEACH

City & State

FLORIDA

City & State

FLORIDA

4. FEI Number

59-3419520

Applied For

Not Applicable

Zip

32127

Country

Zip

32169

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HARPER, JOE A  
6071 SABAL CROSSING COURT  
PORT ORANGE FL 32124

7. Name and Address of New Registered Agent

Name

JOE A. HARPER

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

21 RICHMOND DRIVE

NEW SMYRNA BEACH

City

FL

Zip Code

32169

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

Joe A. Harper D.V.M.

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, 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PTSD  
HARPER, JOSEPH A  
6071 SABAL CROSSING COURT  
PORT ORANGE FL 32124

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

HARPER, JOSEPH A  
21 RICHMOND DRIVE  
NEW SMYRNA BEACH FLA. 32169

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

JOE A. HARPER D.V.M.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/2000

Date

(804) 761-4119

Daytime Phone #

CR2E034 (9/99)