

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91281 050 ***150.00

DOCUMENT # **297000024068**

1. Entity Name

ANPET OF JACKSONVILLE, INC.

Principal Place of Business

Mailing Address

**8996 ADAMS WALK DRIVE
 JACKSONVILLE, FL 32257**

2. Principal Place of Business

8996 ADAMS WALK DR

3. Mailing Address

8996 ADAMS WALK DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE

City & State

JACKSONVILLE, FL

4. FEI Number

59-3435813

Applied For

Not Applicable

Zip

Country

32257

USA

Zip

Country

32257

USA

5. Certificate of Status Desired ☐ -

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

A0067498

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LESLIE B. SHAW
 8996 ADAMS WALK DR.
 JACKSONVILLE, FL 32257**

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

LESLIE B. SHAW PRESIDENT 4/20/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition
**LESLIE B. SHAW, President
 8996 ADAMS WALK DR.
 JACKSONVILLE, FL 32257**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition
**FREDERICK H. SHAW, VP
 8996 ADAMS WALK DR.
 JACKSONVILLE, FL 32257**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LESLIE B. SHAW, President 4/20/01 904 731-0777

CR2E034 (11/00)