

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000024286

1. Entity Name
OCALA VETERINARY ENDOCRINE LAB, INC.

Principal Place of Business
2260 NW 114 LOOP
OCALA FL 34475-1324

Mailing Address
2260 NW 114 LOOP
OCALA FL 34475-1324

2. Principal Place of Business
4895 NW 120th Street
Suite, Apt. #, etc.

3. Mailing Address
4895 NW 120th Street
Suite, Apt. #, etc.

City & State
Reddick FL
Zip
32686-3907
Country
USA

City & State
Reddick, FL
Zip
32686-3907
Country
USA

4. FEI Number 59-3433124

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSON, MARTHA A
2260 NW 114 LOOP
OCALA FL 34475-1324

7. Name and Address of New Registered Agent

Name
MARTHA A. JOHNSON ← (Same)
Street Address (P.O. Box Number is Not Acceptable)
4895 NW 120th Street (New Address)
City
Reddick FL Zip Code
32686-3907

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 MARTHA A. JOHNSON Martha A. Johnson 1-4-01
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	D	<input type="checkbox"/> Delete
NAME	JOHNSON, MARTHA A	
STREET ADDRESS	2260 NW 114 LOOP	
CITY-ST-ZIP	OCALA FL 34475-1324	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, MARTHA A	
STREET ADDRESS	4895 NW 120th Street	
CITY-ST-ZIP	Reddick, FL 32686-3907	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Martha A. Johnson MARTHA A. Johnson 1/4/01 352-591-0142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90038 016 ***150.00

ABU00030



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)