

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000044047

1. Entity Name

VET N' PET, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90093 041 ***150.00

Principal Place of Business

Mailing Address

1211 N PINE HILLS RD
ORLANDO FL 32808

1211 N PINE HILLS RD
ORLANDO FL 32808-6228

2. Principal Place of Business

1211 N. Pine Hills
Suite, Apt. #, etc.
ORL. FL. 32808

3. Mailing Address

SAME
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ORLANDO

City & State

Zip

Country

32808

ORANGE

Zip

Country

4. FEI Number

34-1653677

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ASSAD, SUZAN G
1211 N PINE HILLS RD
ORLANDO FL 32808

7. Name and Address of New Registered Agent

Name

ADEL ASSAD

Street Address (P.O. Box Numbers Not Acceptable)

1211 N. Pine Hills Rd
ORLANDO

City

FL

Zip Code

32808

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

Suzan G

ADDITION

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 S
NAME ASSAD, SUZAN G
STREET ADDRESS 1211 N PINE HILLS RD
CITY-ST-ZIP ORLANDO FL 32808

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ADEL ASSAD
STREET ADDRESS 1211 N. Pine Hills Rd
CITY-ST-ZIP ORLANDO, FL 32808 V-P

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE REQUIRED

4-1-00

407522-1818

CR2E034 (9/99)