

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000044047

1. Entity Name

VET N' PET, INC.

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90408 026 ***150.00

Principal Place of Business

1211 N PINE HILLS
ORLANDO FL 32808

Mailing Address

1211 N PINE HILLS
ORLANDO FL 32808

2. Principal Place of Business

1211 N-pine Hills
Road.

3. Mailing Address

1211 N-pine Hills
Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORL. FL.

City & State

ORLANDO, FL

Zip

32808

Country

ORANGE

Zip

32808

Country

ORANGE



DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent

ASSAD, ADEL

1211 N PINE HILLS RD
ORLANDO FL 32808

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

4-10-01

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	S ASSAD, SUZAN G 1211 N PINE HILLS RD ORLANDO FL 32808	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASSAD, ADEL 1211 N. PINE HILLS RD ORLANDO FL 32808	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

4-10-01

Date

4075221818

Daytime Phone #

CR2E034 (10/00)