

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90071 016 ***150.00

DOCUMENT # P97000059397

1. Entity Name
HADDIX ANIMAL HOSPITAL, INC.

Principal Place of Business
**2200 W. GLADES ROAD
SUITE 1205
BOCA RATON FL 33431**

Mailing Address
**2200 W. GLADES ROAD
SUITE 1205
BOCA RATON FL 33431**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
100 S.W. 2nd St

3. Mailing Address
100 S.W. 2nd St.

Suite, Apt. #, etc.
BOCA RATON, FL

Suite, Apt. #, etc.
BOCA RATON, FL

City & State
(thought it said County)

City & State

4. FEI Number
65-0771036

Applied For
Not Applicable

Zip
33432

Country
PALM BCH. USA

Zip
33432

Country
USA!

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

6. Name and Address of Current Registered Agent

**HADDIX, CARLA H
2200 W. GLADES ROAD
SUITE 1205
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name
HADDIX, CARLA
Street Address (P.O. Box Number is Not Acceptable)
100 S.W. 2nd St.
City
BOCA RATON FL Zip Code
33432

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
Carla Haddix DVM

DATE
1/9/02

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, 2002 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	PTD HADDIX, CARLA H 3604 PANDORA AVENUE BOYNTON BEACH FL 33436	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD HADDIX, BRYAN J 3604 PANDORA AVENUE BOYNTON BEACH FL 33436	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Carla Haddix DVM**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
1/9/02 DAYTIME PHONE #
561-391-7277

CR2E034 (9/01)