

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

0364801

DOCUMENT # P97000067546

03-05-2001 90330 007 ***150.00

1. Entity Name
ANIMAL HEALTH CARE CLINIC, INC.

Principal Place of Business Mailing Address
1710 DREW STREET STE 7 **1710 DREW STREET STE 7**
CLEARWATER FL 33755 **CLEARWATER FL 33755**

60030494



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-3468578**

Applied For
 Not Applicable

Zip Country Zip Country

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

WOLFE, JOSEPHA
1710 DREW STREET STE 7
CLEARWATER FL 33755

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

name change: Supow, Josepha

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Delete
WOLFE, JOSEPHA
 STREET ADDRESS **1710 DREW STREET STE 7**
 CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE NAME Change Addition
President
Supow, Josepha
 STREET ADDRESS
 CITY-ST-ZIP *← Same*

TITLE NAME Delete
ESKEW, WILLIAM
 STREET ADDRESS **1710 DREW STREET STE 7**
 CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE NAME Change Addition
 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: *Josepha V. Supow* *Josepha V. Supow* 2-13-01 7274465501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)