

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90410 001 ***150.00

DOCUMENT # P97000097509

1. Entity Name
MY PET ANIMAL HOSPITAL INC.

Principal Place of Business
778 E. LAKE RD.
PALM HARBOR FL 34685

Mailing Address
778 E. LAKE RD.
PALM HARBOR FL 34685

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3479590**

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

TANKO, ISTVAN
3264 BUCKHORN DR.
CLEARWATER FL 33761

Name **Tanko, Istvan**
 Street Address (P.O. Box Number is Not Acceptable)
778 E Lake Rd.
 City **Palm Harbor** **FL** Zip Code **34685**

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 _____

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **P**
TANKO, ISTVAN
 STREET ADDRESS **3624 BUCKHORN DR**
 CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE ☒ Change ☐ Addition
 NAME **P**
Tanko, Istvan
 STREET ADDRESS **778 E Lake Rd**
 CITY-ST-ZIP **Palm Harbor, FL 34685**

TITLE ☐ Delete
 NAME **VP**
TANKO, VIERA
 STREET ADDRESS **3624 BUCKHORN DR**
 CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE ☐ Change ☐ Addition
 NAME **VP**
Tanko, Viera
 STREET ADDRESS **778 E Lake Rd**
 CITY-ST-ZIP **Palm Harbor, FL 34685**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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: **Istvan Tanko** **4-29-02** **727-589-8172**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/01)