

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91906 025 ***150.00

DOCUMENT # P97000097509

1. Entity Name

MY PET ANIMAL HOSPITAL, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

778 E. LAKE RD.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PALM HARBOR FL

City & State

4. FEI Number

59-3479590

Applied For

Not Applicable

Zip

34685

Country

U.S.

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ISTVAN TANKO

Street Address (P.O. Box Number is Not Acceptable)

778 E. LAKE RD

City

PALM HARBOR

FL

Zip Code

34685

**DO NOT WRITE
IN THIS SPACE**

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 resigning)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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	D
NAME	TANKO, ISTVAN
STREET ADDRESS	778 E. LAKE RD
CITY - ST - ZIP	PALM HARBOR FL 34685
TITLE	D
NAME	TANKO, VIGRA
STREET ADDRESS	778 E LAKE RD
CITY - ST - ZIP	PALM HARBOR FL 34685
TITLE	
NAME	
STREET ADDRESS	
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Istvan Tanko

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ISTVAN TANKO

Date

4-30-03

Daytime Phone #

727 789 8272

CR2E0348 (12/01)