

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91738 001 ****83.75
04-28-2003 91738 002 ****75.00

DOCUMENT # P98000000842



1. Entity Name
RELIEF VETERINARY SERVICES P.A.

Principal Place of Business
**97652 OVERSEAS HIGHWAY
UNIT #P-5
KEY LARGO FL 33037-2206**

Mailing Address
**97652 OVERSEAS HIGHWAY
UNIT #P-5
KEY LARGO FL 33037-2206**

2. Principal Place of Business
ALL CREATURES PET HOSPITAL

3. Mailing Address
ALL CREATURES PET HOSPITAL

Suite, Apt. #, etc.
93997 OVERSEAS HIGHWAY

Suite, Apt. #, etc.
93997 OVERSEAS HIGHWAY

City & State
TAVERNIER FL

City & State
TAVERNIER FL

Zip
33070

Country
MONROE

Zip
33070

Country
MONROE

4. FEI Number
54-1816184

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**KUPKEE, IAN B
97652 OVERSEAS HIGHWAY, UNIT P-5
KEY LARGO FL 33037**

7. Name and Address of New Registered Agent

Name
LAURA L'HEUREUX DVM
Street Address (P.O. Box Number is Not Acceptable)
93997 OVERSEAS HIGHWAY
City
TAVERNIER FL Zip Code
33070

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/1/2003
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPTS
KUPKEE, IAN B
97652 OVERSEAS HIGHWAY, UNIT P-5
KEY LARGO FL 33037** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
L'HEUREUX-KUPKEE, LAURA
97652 OVERSEAS HIGHWAY, UNIT P-5
KEY LARGO FL 33037** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPTS
L'HEUREUX, LAURA
93997 OVERSEAS HIGHWAY
TAVERNIER FL 33070** ☒ Change ☐ Addition

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

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/2003
Date

305-852-2273
Daytime Phone #

CR2E034 (10/02)