

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90216 031 ***150.00

DOCUMENT # P98000009196

1. Entity Name
COMPANION ANIMAL HOSPITAL OF LIVE OAK, INC.



Principal Place of Business
605 N HOUSTON STREET
LIVE OAK FL 32060

Mailing Address
605 N HOUSTON STREET
LIVE OAK FL 32060

2. Principal Place of Business

605 N. Houston Avenue
Suite, Apt. #, etc.

3. Mailing Address

605 N. Houston Avenue
Suite, Apt. #, etc.

City & State

Live Oak, Florida

City & State

Live Oak, Florida

Zip

32064

Country

Swansee

Zip

32064

Country

Swansee

4. FEI Number

59-3489992

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEERSON, JULIE C
605 N HOUSTON STREET
LIVE OAK FL 32060

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 D
NAME PEERSON, JULIE C
STREET ADDRESS 605 N HOUSTON STREET
CITY-ST-ZIP LIVE OAK FL 32060

☐ Delete

TITLE
NAME
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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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 Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-0 386-312-1556

Date

Daytime Phone #

CR2E034 (10/02)