2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

3. Mailing Address

City & State

Zip

32064

Live Oak

Suite, Apt. #, etc.

605 N. Houston Avenue

orida

Country

11.

TITLE

NAME

·TITLE -

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP **

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

Suwannee

Name

City

DOCUMENT #

2. Principal Place of Business

Suite, Apt. #, etc

City & State

32064

SIĞNATURE

10.

TITLE

NAME

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP.

. Zip

Live Oak

PEERSON, JULIE C

605 N HOUSTON STREET LIVE OAK FL 32060

the obligations of registered agent.

605 N. Houston Avenue

P98000009196

COMPANION ANIMAL HOSPITAL OF LIVE OAK, INC.

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

Country

<u>Suwannee</u>

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

605 N HOUSTON STREET

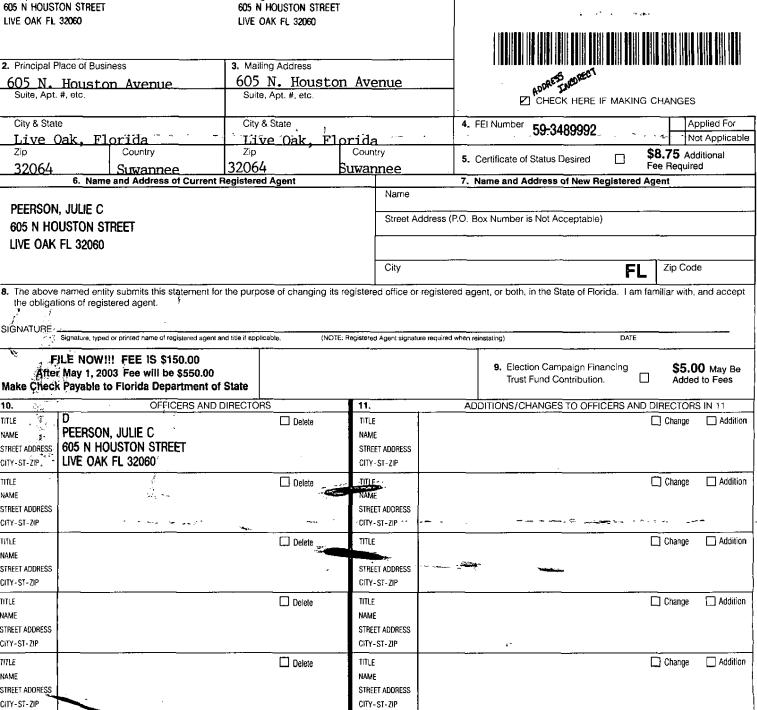
PEERSON, JULIE C

LIVE OAK FL 32060



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

04-11-2003 90216 031 ***150.00



TITLE	276	☐ Delete	TITLE				☐ Change	Addition
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	•		CITY-ST-ZIP					
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 appreciate the empowered.								
	\ \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		ali N	71	α	201.	71.0	

SIGNATURE: