

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *Pg 000 3890*

1. Entity Name

ANIMAL HEALTH CENTER OF MARTIN COUNTY, INC.

FILED

May 30, 2000 8:00 am
Secretary of State

05-30-2000 90102 006 ***150.00

Principal Place of Business

Mailing Address

835 SE OCEAN BLVD

STUART, FL 34994

2. Principal Place of Business

835 SE OCEAN BLVD

3. Mailing Address

Suite, Apt. #, etc.

City & State

STUART

FL

Zip

34994

Country

USA

City & State

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JOSEPH FISHER
13899 Biscayne Blvd # 129
MIAMI FL

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.

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, 2000 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
<i>PRESIDENT</i>	<i>GREGGORY J BAXTER</i>	<i>835 SE OCEAN BLVD</i>	<i>STUART FL 34994</i>	<input type="checkbox"/>
<i>VICE PRESIDENT</i>	<i>DEM BAXTER</i>	<i>835 SE OCEAN BLVD</i>	<i>STUART FL 34994</i>	<input type="checkbox"/>
<i>TREASURER</i>	<i>GREGGORY J. BAXTER</i>	<i>835 SE OCEAN BLVD</i>	<i>STUART FL 34994</i>	<input type="checkbox"/>
<i>SECRETARY</i>	<i>PETER ADAMS</i>	<i>835 SE OCEAN BLVD</i>	<i>STUART FL 34994</i>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<i>PRESIDENT</i>	<i>GREGGORY J BAXTER</i>	<i>835 SE OCEAN BLVD</i>	<i>STUART FL 34994</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>VICE PRESIDENT</i>	<i>DEM BAXTER</i>	<i>835 SE OCEAN BLVD</i>	<i>STUART FL 34994</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>TREASURER</i>	<i>GREGGORY J. BAXTER</i>	<i>835 SE OCEAN BLVD</i>	<i>STUART FL 34994</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>SECRETARY</i>	<i>PETER ADAMS</i>	<i>835 SE OCEAN BLVD</i>	<i>STUART FL 34994</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *GREGGORY J BAXTER* GREGGORY J BAXTER

5/1/00

Date

561-781-1334

Daytime Phone #

CR2E034 (9/99)