

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000081747

1. Entity Name

WYNN HAVEN ANIMAL CLINIC, INC.

Principal Place of Business

2500 HWY. 98 W.
MARY ESTHER FL 32569

Mailing Address

2500 HWY. 98 W.
MARY ESTHER FL 32569-2330

2. Principal Place of Business

351 Woodland Avenue & Hwy 98W

3. Mailing Address

351 Woodland Ave & Hwy 98W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Mary Esther FL

City & State

Mary Esther FL

Zip

32569

Country

OKaloosa

Zip

32569

Country

OKaloosa

4. FEI Number

59-3539526

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PLEAT, DAVID B
4477 LEGENDARY DR., STE. 202
DESTIN FL 32541

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 ☐ Delete
NAME D
STREET ADDRESS SOROKEN, MARK HOWARD D.V.M.
CITY-ST-ZIP 2599 HWY. 98 W.
MARY ESTHER FL 32569

TITLE ☐ Delete
NAME D
STREET ADDRESS LYN-SOROKEN, MARGARET
CITY-ST-ZIP 2599 HWY. 98 W.
MARY ESTHER FL 32569

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

Mark Soroken
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-00

850 581-2213

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90091 021 ***150.00



DO NOT WRITE IN THIS SPACE