

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

P98000096081

ADVANCED VETERINARY HOSPITAL, INC.

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90033 021 ***150.00

00060714

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1334 U.S.: 19
Holiday, FL 34691

1334 U.S.: 19
Holiday, FL 34691

2. Principal Place of Business

1334 U.S.: 19
Suite, Apt. #, etc.

3. Mailing Address

1334 U.S.: 19
Suite, Apt. #, etc.

City & State

Holiday, FL 34691

Zip

Country

34691

USA

City & State

Holiday, FL 34691

Zip

Country

34691

USA

4. FEI Number

☒

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AmeriLawyer
Natalia Utrera, Vice President
343 Almeria Ave.
Coral Gables, FL 33134

7. Name and Address of New Registered Agent

Name

Mina A. Heinen

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

10334 Longwood Dr.

City

Largo

FL

Zip Code
33777

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.

Mina A. Heinen X

SIGNATURE

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

(NOT: 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	President <input type="checkbox"/> Delete
NAME	Mina A. Heinen
STREET ADDRESS	10334 Longwood Dr.
CITY-ST-ZIP	Largo, FL 33777
TITLE	Vice-Pres., Sec., Treas. <input type="checkbox"/> Delete
NAME	Lola D. Heinen
STREET ADDRESS	10334 Longwood Dr, Largo, FL
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

Mina A. Heinen X

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)