

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000003031

1. Entity Name

TENDER CARE VETERINARY SERVICES, P.A.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90001 001 ***150.00

Principal Place of Business

Mailing Address

8588 PINEVERDE LN
JACKSONVILLE FL 32244

8588 PINEVERDE LN
JACKSONVILLE FL 32067-0146

2. Principal Place of Business

2035 AZALEA LANE

3. Mailing Address

P.O. BOX 146

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ORANGE PARK FL

City & State

ORANGE PARK FL

4. FEI Number

59-3554108

Applied For

Not Applicable

Zip

32073

Country

USA

Zip

32067

Country

USA

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

REED, FRAN M D.V.M.
8588 PINEVERDE LN
JACKSONVILLE FL 32244

Name

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

2035 AZALEA LANE

City

ORANGE PARK

FL

Zip Code

32073

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

Fran M. Reed, DVM

FRAN M. REED, DVM

02/14/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	REED, SCOTT D DVM	
STREET ADDRESS	8588 PINEVERDE LN	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	D	<input type="checkbox"/> Delete
NAME	REED, FRAN M DVM	
STREET ADDRESS	8588 PINEVERDE LN	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
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		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2035 AZALEA LANE	
CITY-ST-ZIP	ORANGE PARK, FL 32073	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2035 AZALEA LANE	
CITY-ST-ZIP	ORANGE PARK, FL 32073	
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.

SIGNATURE:

FRAN M. REED, DVM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRAN M. REED 02/14/00
Date

904-215-1217
Daytime Phone #

CR2E034 (9/99)