

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90194 042 ***150.00

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1. Entity Name

CREEKSIDE VETERINARY ASSOCIATES, P.A.



Principal Place of Business

2035 AZALEA LN
ORANGE PARK FL 32073

Mailing Address

P O BOX 146
ORANGE PARK FL 32067

2. Principal Place of Business

14 SWIMMING PEN DRIVE
Suite, Apt. #, etc.

3. Mailing Address

14 SWIMMING PEN DRIVE
Suite, Apt. #, etc.

City & State

MIDDLEBURG FL

City & State

MIDDLEBURG, FL

Zip

32068

Country

USA

Zip

32073

Country

USA

4. FEI Number

59-3554108

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REED, FRAN M D.V.M.
2035 AZALEA LN
ORANGE PARK FL 32073

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME REED, SCOTT D DVM
STREET ADDRESS 2035 AZALEA LN
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE ☐ Delete
NAME REED, FRAN M DVM
STREET ADDRESS 2035 AZALEA LN
CITY-ST-ZIP ORANGE PARK FL 32073

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

11. 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
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 address, with all other like empowered.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT: FRAN M. REED, DVM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/14/03

Date

904-541-0110

Daytime Phone #

CR2E034 (10/02)