

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000014914**

1. Entity Name

ANIMAL EMERGENCY CLINIC OF BRANDON, INC.**FILED**
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90078 043 ***150.00

Principal Place of Business 757 WEST BRANDON BOULEVARD BRANDON FL 33511	Mailing Address 757 WEST BRANDON BOULEVARD BRANDON FL 33511-4901
---	--

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3614871	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent**EDENFIELD, MICHAEL S
206 MASON STREET
BRANDON FL 33511****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	D <input checked="" type="checkbox"/> Delete
NAME	BUSCIGLIO, NORMAN
STREET ADDRESS	757 WEST BRANDON BOULEVARD
CITY-ST-ZIP	BRANDON FL 33511
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	JACKSON, KERRY
STREET ADDRESS	757 WEST BRANDON BOULEVARD
CITY-ST-ZIP	BRANDON FL 33511
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	POST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANIEL OTERO
STREET ADDRESS	757 WEST BRANDON BOULEVARD
CITY-ST-ZIP	BRANDON FL 33511
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:

DANIEL OTERO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1/5/2000**
Date**(913) 53-0910**
Daytime Phone #