

# 2000 UNIFORM BUSINESS REPORT (UBR)

3

FILED

May 04, 2000 8:00 am  
Secretary of State

03-15-2000 90092 024 \*\*\*150.00

DOCUMENT # P99000027850

1. Entity Name

ANIMAL PERFORMANCE CONSULTANTS, INC.

Principal Place of Business

Mailing Address

24 NORTH VIA LUCINDIA  
STUART FL 34996

24 NORTH VIA LUCINDIA  
STUART FL 34996-6408

2. Principal Place of Business

3. Mailing Address

929 NE Jensen Bch Blvd  
Suite, Apt. #, etc.

929 Jensen Bch Blvd  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Jensen Bch FL

City & State

Jensen Bch FL

4. FEI Number

65-0915390

Applied For

Not Applicable

Zip

34957

Country

USA

Zip

34957

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

BARCIK, DAVID  
24 NORTH VIA LUCINDIA  
STUART FL 34996

Name

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

929 NE Jensen Bch Blvd

City

Jensen Bch

FL

Zip

34957

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 fee 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>BARCIK, DAVID<br>24 NORTH VIA LUCINDIA<br>STUART FL 34996     | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>ANDERSON, HARRY<br>24 NORTH VIA LUCINDIA<br>STUART, FL 34996 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>LEGG, JOHN<br>24 NORTH VIA LUCINDIA<br>STUART FL 34996       | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>SHANKS, JOHN<br>24 NORTH VIA LUCINDIA<br>STUART FL 34996     | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

JOHN W SHANKS 3.13.00 561-334-0377

CR2E034 (9/99)