

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State
 02-11-2000 90019 033 ***150.00

DOCUMENT # P99000048104

1. Entity Name

VETERINARY INTERNISTS OF BREVARD, P.A.

Principal Place of Business

**4475 CHICAGO AVE.
 WEST MELBOURNE FL 32904**

Mailing Address

**4475 CHICAGO AVE.
 WEST MELBOURNE FL 32904-9020**

BU017868

2. Principal Place of Business

418 East New Haven
 Suite, Apt. #, etc.

3. Mailing Address

418 East New Haven
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Melbourne FL

City & State

Melbourne FL

4. FEI Number

59-3579479

Applied For
 Not Applicable

Zip

32901

Country

USA

Zip

32901

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**JACOBY, DAVID H ESQ.
 1581 ROBERT J. CONLAN BLVD., N.E., STE. 100
 PALM BAY FL 32905**

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** ☐ Delete
 NAME **SMITH, THOMAS A**
 STREET ADDRESS **4475 CHICAGO AVE.**
 CITY-ST-ZIP **WEST MELBOURNE FL 32904**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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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:

Thomas A. Smith
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/00
 Date

321-725-536
 Daytime Phone #