

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000056296

1. Entity Name

LAKELAND VETERINARY SERVICES, INC.

FILED
Jun 23, 2000 8:00 am
Secretary of State

06-23-2000 90107 013 ***550.00

Principal Place of Business

Mailing Address

5811 COVEVIEW DRIVE WEST
 LAKELAND FL 33813

5811 COVEVIEW DRIVE WEST
 LAKELAND FL 33813-4814

2. Principal Place of Business

2225 Drane Field Rd

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

4. FEI Number

59-3583513

Applied For

Not Applicable

Zip

33811

Country

USA

Zip

Country

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

SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

Name

SAM D. MEISLER, President

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

5811 Coveview Dr. W

City

Lakeland

FL

Zip Code

33813

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

[Signature] Pres SAM D. MEISLER, Pres 6/20/00

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so. ☐

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PTD
 MEISLER, SAM D
 5811 COVEVIEW DRIVE WEST
 LAKELAND FL 33813 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 SVD
 MEISLER, JULIE A
 5811 COVEVIEW DRIVE WEST
 LAKELAND FL 33813 ☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ 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 #

[Signature] Pres SAM D. MEISLER, President 6/20/00 863 646 3669