

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90108 013 ***150.00

DOCUMENT # P99000087511

1. Entity Name

MICHAEL P. BREDEHOEFT, DVM, P.A.

Switzerland-Fruit Cove Animal Hospital Inc.

Principal Place of Business

Mailing Address

2905 ALGOQUIN AVENUE
 JACKSONVILLE FL 32210

2905 ALGOQUIN AVENUE
 JACKSONVILLE FL 32210

A3046001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1430 State Rd 13N

Suite, Apt. #, etc.

3. Mailing Address

1430 State Rd 13N.

Suite, Apt. #, etc.

City & State

Jacksonville FL

Zip

32259

Country

US

City & State

Jacksonville FL

Zip

32259

Country

US

4. FEI Number

59-3602138

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BREDEHOEFT, MICHAEL P
2905 ALGOQUIN AVENUE
JACKSONVILLE FL 32210

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	President	<input type="checkbox"/> Delete
NAME	Michael P. Bredehoeft	
STREET ADDRESS	2905 Algonquin Ave	
CITY-ST-ZIP	Jacksonville FL 32210	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Frances F. Bredehoeft	
STREET ADDRESS	2905 Algonquin Ave	
CITY-ST-ZIP	Jacksonville FL 32210	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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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: Frances F. Bredehoeft **Frances F. Bredehoeft** **4/20/2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

904-287-2527

CR2E034 (9/99)