

FILED**May 17, 2002 8:00 am**
Secretary of State

05-17-2002 90042 002 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)****DOCUMENT #** P99000087511

1. Entity Name

SWITZERLAND - FRUIT COVE ANIMAL HOSPITAL, INC.

NCLW ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1430 STATE ROAD 13 NORTH

3. Mailing Address

1430 STATE ROAD 13 NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

59-3602138

Applied For

Not Applicable

Zip

32259

Country

USA

Zip

32259

Country

USA

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

BREDEHOEFT, MICHAEL P.

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

2905 ALCONQUIN AVENUE

City

JACKSONVILLE

FL

Zip Code
32211**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

(DATE)

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	P BREDEHOEFT, MICHAEL P. 2905 ALCONQUIN AVENUE JACKSONVILLE, FL 32210	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.03(3), 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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 Michael P. Bredhoeft, President

D-4

Daytime Phone

(904) 287-2527

CR2002B (12/01)