

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000091312

1. Entity Name
PORT ST. JOHN VETERINARY HOSPITAL, P.A.

FILED

Jan 10, 2001 08:00 AM
Secretary of State

Principal Place of Business 6827 N US HWY # 1 COCOA 32927	Mailing Address 1000 CHENEY HWY TITUSVILLE 32780
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip	City & State Country
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4. FEI Number 59-3620414	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BURGER PAUL PDVM 1000 CHENEY HWY	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)
TITUSVILLE FL 32780 US	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.

01/10/2001
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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
BURGER PAUL P 1000 CHENEY HWY TITUSVILLE FL 32780		BURGER PAUL P 1000 CHENEY HWY TITUSVILLE FL 32780	

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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 807, 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: PAUL P. BURGER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PSTD 01/10/2001

Date

Daytime Phone #

CR2E034 (11/00)