2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
05-03-2001 90043 047 ***150.00

756541

DO NOT WRITE IN THIS SPACE

DOCUMENT # S21970

1. Entity Name
KYSER ANIMAL CLINIC, P.A.

Principal Place of Business	Mailing Address
11816 N 56TH ST TAMPA FL 33617	11816 N 56TH ST TAMPA FL 33617

	2. Principal Place of Business	3. Mailing Address
Street	25 Second St. No.	25 Second St. No.
Suite, Apt. #, etc.	Ste 200	Ste 210
City & State	St. Petersburg, FL	St. Petersburg, FL
Zip	33701	33701
Country	US	US

4. FEI Number 59-3042454 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
LAZZARA, PHILIP R.
307 SOUTH BLVD SUITE D
TAMPA FL 33606

7. Name and Address of New Registered Agent
Name: VanSon, Peter
Street Address (P.O. Box Number is Not Acceptable): 25 Second St. No., Ste. 210
City: St. Petersburg **FL** Zip Code: 33701

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: Peter VanSon — DATE: 4/27/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KYSER, WILLIAM E 11816 N 56TH ST TEMPLE TERRACE FL ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VanSon, Peter 25 2nd St. No., Ste 210 St. Petersburg, FL 33701 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: William E. Kyser DVM. William E. Kyser, DVM. 4/26/01 (813) 988-7605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #