

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S61385
Entity Name
ECON RIVER ANIMAL HOSPITAL, INC.

FILED
Feb 22, 2000 8:00 am
Secretary of State
02-22-2000 90033 018 ***150.00

Principal Place of Business
E COLONIAL DRIVE
ORLANDO FL 32826

Mailing Address
15220 E COLONIAL DRIVE
ORLANDO FL 32826-5134

813083



Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Zip Country

City & State
Zip Country

4. FEI Number 59-3070861
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
LUNDBERG, WAYNE A
15220 E COLONIAL DRIVE
ORLANDO FL 32826

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete	D LUNDBERG, WAYNE A 15220 E COLONIAL DR ORLANDO FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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

2/7/00 907-568-0724
Date Daytime Phone #

CR2E034 (9/99)