

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90234 047 \*\*\*150.00

DOCUMENT # **S61385**

1. Entity Name  
**ECON RIVER ANIMAL HOSPITAL, INC.**

Principal Place of Business  
**15220 E COLONIAL DRIVE**  
**ORLANDO FL 32826**

Mailing Address  
**15220 E COLONIAL DRIVE**  
**ORLANDO FL 32826**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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 **Carol Dingman-Lipari DVM**  
 Street Address (P.O. Box Number is Not Acceptable)  
**15220 E Colonial Drive**  
**Orlando**  
 City **Orlando** FL Zip Code **32826**

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

*Carol Dingman-Lipari DVM President*

**4/30/02**

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, 2002 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	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>LUNDBERG, WAYNE A</b>
STREET ADDRESS	<b>15220 E COLONIAL DR</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
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 checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Dr. Carol Dingman-Lipari</b>
STREET ADDRESS	<b>15220 E Colonial Drive</b>
CITY-ST-ZIP	<b>Orlando, FL 32826</b>
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	
STREET ADDRESS	
CITY-ST-ZIP	
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	
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:

*Carol Dingman-Lipari DVM President*

Date

Daytime Phone #

**568-07241**

**4-29-02** **X407-889-0573**

CR2E034 (9/01)