

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90946 039 ***150.00

DOCUMENT # V01257

1. Entity Name
WELLEBY VETERINARY MEDICAL CENTER, INC.



Principal Place of Business
**10008 W OAKLAND PARK BLVD
SUNRISE FL 33351**

Mailing Address
**10008 W OAKLAND PARK BLVD
SUNRISE FL 33351**



2. Principal Place of Business

3. Mailing Address
12607 NW 65 DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
PARKLAND FL

Zip

Country

Zip
33076

Country
US

4. FEI Number **65-0331021**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANDS, JEFFREY
10008 W OAKLAND PARK BLVD
SUNRISE FL 33351**

Name

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

12607 NW 65TH DRIVE

City
PARKLAND, FL

FL

Zip Code
33076

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, name or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-8-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SANDS, JEFFREY
10008 W OAKLAND PK BLVD
SUNRISE FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**12607 NW 65TH DR
PARKLAND FL 33076** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-03

Date

9574484545

Daytime Phone #

CR2E034 (10/02)