

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2000 8:00 am
Secretary of State
 08-15-2000 90005 021 ***550.00

DOCUMENT # V18660

1. Entity Name
ALL CREATURES ANIMAL HOSPITAL, P.A.

Principal Place of Business

**105 SUNSET LANE
 LUTZ FL 33549
 US**

Mailing Address

**105 SUNSET LANE
 LUTZ FL 33549
 US**

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

59-3120483

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STOTTLEMYER, ROBERT L
 105 SUNSET LN
 LUTZ FL 33549**

Name

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

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.

(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 \$550.00
 After SEPTEMBER 13, 2000 Min. will be \$750.00
 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
**DPTS
 STOTTLEMYER, ROBERT L.
 1615 COBBLER DR
 LUTZ FL** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**3917 ROSWELL PLACE
 LAND O' LAKES, FL 34639** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 STOTTLEMYER, TERRY L
 1615 COBBLER DR
 LUTZ FL** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**3917 ROSWELL PLACE
 LAND O' LAKES, FL 34639** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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☐ Delete

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

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:

REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/00 813-949-2706
 Date Daytime Phone #

CR2E034 (\$500)