

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


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

04-03-2003 90138 011 ***150.00

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DOCUMENT # V42055

1. Entity Name
VETERINARY SPECIALTY PRODUCTS, INC.



Principal Place of Business
P.O. BOX 812005
BOCA RATON FL 33481

Mailing Address
P.O. BOX 812005
BOCA RATON FL 33481



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0344204** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
FREEDMAN, ADINA RAE
1180 S. OCEAN BLVD APT 5F
BOCA RATON FL 33432

7. Name and Address of New Registered Agent
Name **FREEDMAN, ADINA RAE**
Street Address (P.O. Box Number is Not Acceptable) **5266 FAIRWAY WOODS DRIVE**
#4011
City **DELRAY BEACH** FL Zip Code **33484**

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: **ADINA RAE FREEDMAN** *Adina Rae Freedman* **3/26/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	P FREEDMAN, ADINA RAE 1180 S. OCEAN BLVD APT 5F BOCA RATON FL 33432	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT FREEDMAN, ADINA RAE 5266 FAIRWAY WOODS DRIVE #4011 DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALTMAN, ROBERT B 2662 NW 41ST STREET BOCA RATON FL 33434	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: *Adina Rae Freedman* **Adina Rae Freedman** **3/26/03** **561-362-7340**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (10/02)