2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2001 8:00 am
Secretary of State
08-13-2001 90006 021 ***150.00

DOCUMENT # F00000002734

1. Entity Name
SUPREME MEDICAL FULFILLMENT SYSTEMS, INC.

Principal Place of Business	Mailing Address
7871 TANNER WILLIAMS MOBILE AL 36608	P.O. BOX 850266 MOBILE AL 36685

DO NOT WRITE IN THIS SPACE

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 72-1352313 ☐ 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
GONZALEZ, LORI 6815 TIDEWATER DR. NAVARRE FL 32566	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 12, 2001 Fee 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	CP MASON, TONY P.O. BOX 850266 MOBILE AL 36685	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MASON, JERRI P.O. BOX 850266 MOBILE AL 36685	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (5/01)

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: ✓ SIGNATURE REQUIRED ✓8/7/01 ✓334-633-8411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
TONY MASON

Attachment C00075180
Doc.# F00000002734

SUPREME MEDICAL FULFILLMENT SYSTEMS, INC.

P.O. BOX 850266 MOBILE, AL 36685
PH: 1-800-461-1370 FX: 1-800-461-1277

August 7, 2001

Uniform Business Report
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Please be advised that this is the first notice we have had on Document #F00000002734 for 2001. We called your office and spoke to Carol. We are now filing this form and enclosing the $150.00 fee as instructed.

I hope this will clear this matter up.

Sincerely,

Tony Mason
President

TM/mmn