2002 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2002 8:00 am 3 Secretary of State DOCUMENT # N0100007455 1. Entity Name 04-30-2002 90077 026 ****70.00 SICAMED FOUNDATION CORP Principal Place of Business Mailing Address 1307 PARK AVENUE 1307 PARK AVENUE SANFORD FL 32771 SANFORD FL 32771 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State ot Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent چ-Name, چخ Street Address (P.O. Box Number is Not Acceptable) NACU: SICA 1301 S. PÄRK AVE SANFORD FL 32771 Zip Code FI 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. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE ☐ Change ☐ Addition ☐ Delete NACU, SICA NAME NAME STREET ADDRESS 1301 S. PARK AVE STREET ADDRESS CITY-ST-ZIP SANFORD FL 32771 CITY-ST-ZIP Addition TITLE Change ☐ Delete TITLE MANCAS, STEFAN NAME NAME 1301 S PARK AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Sanford FL 32771 CITY-ST-ZIP TITLE -Delete TITLE ☐ Change ☐ Addition BOSE, CHUCK NAME NAME STREET ADDRESS 1011 OAK AVE STREET ADDRESS CITY-ST-ZIP Sanford FL 32771 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition BOSE, LINDA NAME NAME STREET ADDRESS 1011 OAK AVE STREET ADDRESS CITY-ST-ZIP SANFORD FL 32771 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition MIX, DAN NAME STREET ADDRESS 1250 S. COURTNEY RD STREET ADDRESS CITY-ST-ZIP **MERRITT ISLAND FL 32952** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition MIX, BETTY NAME NAME 1250 S. COURTNEY RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MERRITT ISLAND FL 32952** CITY-ST-ZIP

SIGNATURE:

of the corporation or the receiver of changed, or on an attachment with

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 of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed or on an attachment with advanced or one of the corporation of the receiver of

Date

FILED

Daytime Phone #