

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000064040

1. Entity Name

OTIS MEDICAL PRODUCTS, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90043 028 ***150.00

Principal Place of Business 1000 BLUEFIELD LAKE TALLAHASSEE FL 32308	Mailing Address 2929 BLUEFIELD LAKE TALLAHASSEE FL 32308-8210
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00043373



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1626 Broken Oak Ln Suite, Apt. #, etc. OAK LN		3. Mailing Address 1626 Broken Oak Ln Suite, Apt. #, etc. OAK LN	
City & State SUGAR LAND, TX.		City & State SUGAR LAND, TX	
Zip 77479	Country USA	Zip 77479	Country USA

4. FEI Number 59-3336241	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

BLACK, JOHN W
906 THOMASVILLE ROAD
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

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 _____ (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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OTIS, JACQUELINE R 2727 BLUEFIELD LN TALLAHASSEE FL 32308 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EVELYN OTIS 2626 BROKEN OAK SUGARLAND TX <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHN OTIS, JR. 205 SW 75TH ST APT 7C GAINSVILLE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1626 Broken Oak Ln SUGARLAND, TX 77479
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1626 Broken Oak Ln
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 3352 Town Walk Dr Hartford, CT 06112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ (Signature) _____ (Typed Name)
 Date: **2-2-00** Daytime Phone #: **(817) 575-9762**

CR2E034 (9/99)