

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90066 038 ***150.00

DOCUMENT # P97000005493

1. Entity Name
PNEUMOFLEX SYSTEMS, INC.

Principal Place of Business

**101 EAST FLORIDA AVE.
 MELBOURNE FL 32901**

Mailing Address

**101 EAST FLORIDA AVE.
 MELBOURNE FL 32901**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

200 Ocean Avenue

3. Mailing Address

200 Ocean Avenue

Suite, Apt. #, etc.

Suite 201

Suite, Apt. #, etc.

Suite 201

City & State

Melbourne Beach, FL

City & State

Melbourne Beach, FL

4. FEI Number

59-3447445

Applied For

Not Applicable

Zip

32951

Country

US

Zip

32951

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

KANCILIA, JOHN R ESQ.

1800 W HIBISCUS BLVD STE 138

MELBOURNE FL 32902

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

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 \$150.00
After May 1, 2002 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 **PDST** ☐ Delete
 NAME **ADDINGTON, WILLIAM R. D.**
 STREET ADDRESS **101 EAST FLORIDA AVENUE**
 CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **VD** ☐ Delete
 NAME **MILLER, STUART P. M.D**
 STREET ADDRESS **101 EAST FLORIDA AVENUE**
 CITY-ST-ZIP **MELBOPURNE FL 32901**

TITLE **D** ☐ Delete
 NAME **STEPHENS, ROBERT E. PH.**
 STREET ADDRESS **101 EAST FLORIDA AVENUE**
 CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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
Signature: W. Robert Addington

4/29/02 321-674-2225
 date Daytime Phone #

CR2E034 (9/01)