

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000081192

1. Entity Name
SURGICAL DEVELOPMENT SYSTEMS, INC.

FILED
Feb 16, 2001 8:00 am
Secretary of State

02-16-2001 90022 014 ***150.00

Principal Place of Business

Mailing Address

14255 U.S. HIGHWAY 1 #208
JUNO BEACH FL 33408

14255 U.S. HIGHWAY 1 #208
JUNO BEACH FL 33408

2. Principal Place of Business

3. Mailing Address

14263 U.S. Highway 1
Suite, Apt. #, etc.

14263 U.S. Highway 1
Suite, Apt. #, etc.

City & State

City & State

Juno Beach, FL

Juno Beach, FL

Zip

Country

Zip

Country

33408

33408

4. FEI Number 65-0865598

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

SHAFTER, ROGER L
2201 CORPORATE BLVD
SUITE 105
BOCA RATON FL 33431

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME SCROGGINS, H S
STREET ADDRESS 14255 U.S. HIGHWAY 1 #208
CITY-ST-ZIP JUNO BEACH FL 33408

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 14263 U.S. Highway 1
CITY-ST-ZIP Juno Beach, FL 33408

TITLE D ☐ Delete
NAME NORMENT, ANTHONY E
STREET ADDRESS 14255 U.S. HIGHWAY 1 #208
CITY-ST-ZIP JUNO BEACH FL 33408

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 14263 U.S. Highway 1
CITY-ST-ZIP Juno Beach, FL 33408

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME Scroggins, Donna
STREET ADDRESS 14263 U.S. Highway 1
CITY-ST-ZIP Juno Beach, FL 33408

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTHONY E. NORMENT
DIRECTOR

Date

Daytime Phone #

2/7/01 561-630-6277

CR2E034 (10/00)