

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90182 042 ***150.00

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1. Entity Name
SURGICAL DEVELOPMENT SYSTEMS, INC.



Principal Place of Business
**14263 U.S. HIGHWAY 1
JUNO BEACH FL 33408**

Mailing Address
**14263 U.S. HIGHWAY 1
JUNO BEACH FL 33408**

2. Principal Place of Business

3. Mailing Address

18784 SE JUPITER RIVER DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JUPITER, FL

Zip

Country

Zip

Country

33458

USU

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

SEROGGINS, H STACY

14263 US HWY ONE

NORTH PALM BEACH FL 33408

Name

Scroggins, H. Stacy

Street Address (P.O. Box Number is Not Acceptable)

18784 SE JUPITER RIVER DR.

City

JUPITER

FL

Zip Code

33458

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

H. Stacy Scroggins

1/13/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **SCROGGINS, H S**
STREET ADDRESS **14263 U.S. HIGHWAY 1**
CITY-ST-ZIP **JUNO BEACH FL 33408**

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

TITLE **D** ☐ Delete
NAME **SCROGGINS, DONNA**
STREET ADDRESS **14263 U.S. HIGHWAY 1**
CITY-ST-ZIP **JUNO BEACH FL 33408**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **DIRECTOR**
STREET ADDRESS **DANIEL J. REEVES**
CITY-ST-ZIP **14263 U.S. HIGHWAY 1
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

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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

H. Stacy Scroggins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H. Stacy Scroggins

Date

Daytime Phone #

1/13/02 561-630-6277

CR2E034 (10/02)