

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

FR2710 AV

**DOCUMENT # P99000111659**  
 1. Entity Name  
**MEDICINE AVENUE, INC.**

05-21-2002 91182 039 \*\*\*150.00

Principal Place of Business      Mailing Address  
~~528 S. NORTHLAKE BLVD.~~      ~~528 S. NORTHLAKE BLVD.~~  
~~1000~~      ~~1000~~  
**ALTAMONTE SPRINGS FL 32701**      ~~ALTAMONTE SPRINGS FL 32701~~

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2. Principal Place of Business      3. Mailing Address  
**2180 W. SR 434**      Suite, Apt. #, etc.  
 Suite, Apt. #, etc.      **SAME**  
**SUITE 4198**      City & State  
 City & State      **LONGWOOD, FL**  
 Zip      Country      Zip      Country  
**32779**      **SEMINOLE**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**KOLTUN, JEFFREY M**  
**557 NORTH WYMORE RD, SUITE 100**  
**MAITLAND, FL 32751**

4. FEI Number      Applied For  
**59-3627208**      Not Applicable  
 5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

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

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	<b>PSTD</b> <input type="checkbox"/> Delete
NAME	<b>DRAZEN, ROBERT</b>
STREET ADDRESS	<b>528 S. NORTHLAKE BLVD., #1000</b>
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL 32701</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

**SIGNATURE:** Robert Drazen **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/02**      **407/330-9113**  
Date      Daytime Phone #

CR2E034 (9/01)