

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90037 006 ***150.00

DOCUMENT # P99000101736

1. Entity Name
ACE MEDICAL EQUIPMENT, INC.



Principal Place of Business
**6535 116TH AVE N
LARGO FL 33773**

Mailing Address
**1473 INDIAN TRAILS SOUTH
PALM HARBOR FL 34583**

2. Principal Place of Business
13214 38th St. N.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Clearwater FL
Zip **33762** Country **Pinellas**

City & State

4. FEI Number **59-3611454**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KLEYMAN, JAMES
1473 INDIAN TRAILS SOUTH
PALM HARBOR FL 34683**

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

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PS
KLEYMAN, JAMES
1473 INDIAN TRAILS S.
PALM HARBOR FL 34683** ☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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KLEYMAN, REBECCA B
1473 INDIAN TRAILS S
PALM HARBOR FL 34683** ☐ Delete

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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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)