

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 526397

1. Entity Name

BIO MEDICAL TECHNOLOGY, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90019 002 ***150.00

Principal Place of Business

2421 MEANDER LANE
SAFETY HARBOR FL 34695

Mailing Address

2421 MEANDER LANE
SAFETY HARBOR FL 34695-5321

2. Principal Place of Business

1551 TUSCOLA ROAD

Suite, Apt. #, etc.

3. Mailing Address

1551 TUSCOLA ROAD

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

City & State

CLEARWATER, FL

4. FEI Number

59-1718163

Applied For

Not Applicable

Zip

33756

Country

USA

Zip

33756

Country

USA

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

CLARKE, WILLIAM L. JR.
2421 MEANDER LANE
SAFETY HARBOR FL 33572

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, 2000 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
NAME PD
STREET ADDRESS CLARKE, WILLIAM JR.
CITY-ST-ZIP 2421 MEANDER LANE
SAFETY HARBOR FL

☐ Delete

TITLE
NAME PD
STREET ADDRESS CLARKE, WILLIAM JR.
CITY-ST-ZIP 1551 TUSCOLA ROAD
CLEARWATER, FL 33756

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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: William Louis Clarke Jr. William Louis Clarke Jr. 4-22-00 727-447-2729

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)