

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 546003

1. Entity Name
FIRST AID DIRECT, INC. ✓

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90022 032 ***550.00

Principal Place of Business
10211 N.W. 53RD STREET
SUNRISE FL 33351

Mailing Address
10211 N.W. 53RD STREET
SUNRISE FL 33351



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

4. FEI Number **59-1796257**
Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

SIEGEL, SCOTT
10211 N.W. 53RD STREET
SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name **Robert Sussman**
Street Address (P.O. Box Number is Not Acceptable)
10211 N.W. 53rd Street
City **Sunrise** FL Zip Code **33351**

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]* DATE **7/10/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	CSP	<input checked="" type="checkbox"/> Delete
NAME	SIEGEL, SCOTT	
STREET ADDRESS	10211 N.W. 53RD STREET	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GODELS, JEFF	
STREET ADDRESS	10211 N.W. 53RD STREET	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	President, Secretary	<input type="checkbox"/> Delete
NAME	Robert Sussman	
STREET ADDRESS	10211 N.W. 53 Street	
CITY-ST-ZIP	Sunrise FL 33351	
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"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.

SIGNATURE: *[Signature]* DATE **7/10/00** Daytime Phone # **954-749-9926**
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR