

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 637574

1. Entity Name

MEDICAL SPECIALTY PRODUCTS, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90123 037 ***150.00

Principal Place of Business

Mailing Address

~~1451 N.W. 1ST COURT~~
~~BOCA RATON FL 33432~~
US

~~1451 N.W. 1ST COURT~~
~~BOCA RATON FL 33432-1717~~
US

2. Principal Place of Business

3. Mailing Address

1072 D E. NEWPORT
State, Apt. #, etc. CENTER DL

SAME AS 2
Suite, Apt. #, etc.

City & State
DEERFIELD BCH FL

City & State

Zip Country
33442 USA

Zip Country

4. FEI Number 59-1936317

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

FEINGOLD, MIKE
798 NE 71 ST
BOCA RATON FL 33487

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 STREET ADDRESS CITY-ST-ZIP | PSTD FEINGOLD, MIKE 798 NE 71 ST BOCA RATON FL | <input type="checkbox"/> Delete |
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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1072 D E NEWPORT CTR DL DEERFIELD BCH FL 33442 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/800 954.571.3993
Date Daytime Phone #

CR2E034 (9/99)