

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 660381

1. Entity Name

FLORIDA X-RAY CORPORATION, INC.

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

02-24-2000 90016 014 ***150.00

Principal Place of Business

671 HICKMAN CIRCLE
SANFORD FL 32771

Mailing Address

671 HICKMAN CIRCLE
SANFORD FL 32771-6931

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2005918

Applied For

Not Applicable

Zip

Country

Zip

Country

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

COON, DOUGLAS, M.
671 HICKMAN CIRCLE
SANFORD FL 32771

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	SD	<input type="checkbox"/> Delete
NAME	COON, JACQUELINE	
STREET ADDRESS	2403 CANTERCLUB TRAIL	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	PD	<input type="checkbox"/> Delete
NAME	COON, JEFFREY S	
STREET ADDRESS	2844 RED BUD COURT	
CITY-ST-ZIP	DELTONA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	COON, KEVIN D.	
STREET ADDRESS	6501 RED HOOK PL STE 201	
CITY-ST-ZIP	ST THOMAS US	
TITLE	D	<input type="checkbox"/> Delete
NAME	COON, DOUGLAS M	
STREET ADDRESS	2403 CANTERCLUB TRAIL	
CITY-ST-ZIP	APOPKA FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	MINNS, SHERRI M	
STREET ADDRESS	23405 OUITBACK LN	
CITY-ST-ZIP	EUSTIS FL 32736	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1041 Pineshadow Dr.	
CITY-ST-ZIP	APOPKA, FL 32712	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1410 FLORAL WAY	
CITY-ST-ZIP	APOPKA, FL 32703	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	APOPKA, FL 32712	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	422 HAVERLAKE CIR.	
CITY-ST-ZIP	APOPKA, FL 32712	
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:

SHERRI MINNS, TREASURER

Sherr Minns, Treas.

2/4/00 407-464-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 3703

CR2E034 (9/99)