

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 812553

1. Entity Name

MED-KOTE CO INC

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90091 038 ***150.00

Principal Place of Business

Mailing Address

C/O MORRIS & MORRIS, P.A.
3500 CARDINAL POINT DR., STE. 1
JACKSONVILLE FL 32257
US

C/O MORRIS AND MORRIS, P.A., CPAS
PO BOX 56375
JACKSONVILLE FL 32241-6375
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0836995

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

HOFFMAN, LESTER J
10109 ASHWOOD PL
BOYNTON BCH, FL. FL 33437

Name

JOEL C. MORRIS

Street Address (P.O. Box Number is Not Acceptable)

SUITE 1

3500 CARDINAL POINT DRIVE

City

JACKSONVILLE

FL

Zip Code

32257

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

4/28/00

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

PST
HOFFMAN, LESTER J
10109 ASHWOOD PLACE
BOYNTON BEACH, FL 33437

☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

JOEL C. MORRIS
4/28/00 904-737-4241

CR2E034 (9/99)