

2001 UNIFORM BUSINESS REPORT (UBR)

0013248 AF

DOCUMENT # **A33208**

1. Entity Name

FLORIDA MEDICAL SUPPLY OF BREVARD COUNTY, LTD.

Principal Place of Business

**260 POINCIANA DRIVE
INDIAN HARBOUR BEACH FL 32937**

Mailing Address

**260 POINCIANA DRIVE
INDIAN HARBOUR BEACH FL 32937**

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

59-3088014

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

FILED

01 MAY -3 PM 12:03



6. Name and Address of Current Registered Agent

**WEARE, J L
260 POINCIANA DRIVE
INDIAN HARBOR BEACH FL 32937**

7. Name and Address of New Registered Agent

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. Capital Contributions
as Shown on record.

\$2,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$2,000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **S79094**
NAME **FLORIDA MEDICAL SUPPLY OF BREVARD COUNTY,**
STREET ADDRESS **260 POINCIANA DRIVE**
CITY-ST-ZIP **INDIAN HARBOR BCH FL**

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

400004334844--6

-05/30/01--01096--004

******141.25 ****141.25**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**J. L. WEARE, PRESIDENT
FLORIDA MEDICAL SUPPLY
OF BREVARD COUNTY, INC.**

Date

April 26, 2001 321-777-0166

Daytime Phone #

CR2E003 (11/00)