

2001 UNIFORM BUSINESS REPORT (UBR)

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 APPROVED AND FILED

01 JUL 31 AM 8:55

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # F00000000558

1. Entity Name
 Med-Time Technology, Inc.

Principal Place of Business: 5131 Pointe Emerald Ln. Boca Raton, FL 33486
 Mailing Address: "Same"

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State
 Zip: Country Palm Beach

4. FEI Number: 22-3641723
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Craig Schriber
 5131 Pointe Emerald Lane
 Boca Raton, FL 33486

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: _____ (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, 2001 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	
TITLE: President + CFO NAME: Craig Schriber STREET ADDRESS: 5131 Pointe Emerald Lane CITY-ST-ZIP: Boca Raton, FL 33486	<input type="checkbox"/> Delete
TITLE: VP + Secretary NAME: Herbert J. Slifer STREET ADDRESS: 1150 Hillsboro mile # 514 CITY-ST-ZIP: Hillsboro Beach, FL 33062	<input type="checkbox"/> Delete
TITLE: Director NAME: Ernest Nuzzo STREET ADDRESS: 65 Ramapo Valley Rd. CITY-ST-ZIP: Mahwah, NJ 07430	<input checked="" type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V.P. NAME: Hank Tucker STREET ADDRESS: 250 Oneck Lane CITY-ST-ZIP: Westhampton Beach, N.Y. 11978	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

300004524303
 -08/08/01--01048--004
 ***158.75 ***158.75

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: _____ Date: 4/15/01 (56) 391-3952

CR2E034 (11/00) 4

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Med Time
TECHNOLOGY

July 30, 2001

Florida Dept Of State
Division of Corporations
Attn: Marquita Williams
409 East Gaines Street
Tallahassee, FL 32399

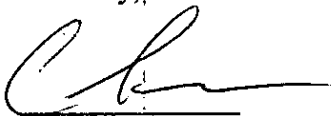
Dear Marquita:

Enclosed you will find a copy of our 2001 UBR which was filed on April 15, 2001. To date, the check has not cleared our bank and we have not received a requested Copy of Certificate of Status.

I am including a new check in the amount of \$158.75 and a copy of the return with an original signature. This return was originally filed before the due date. Thank you for accepting this UBR and the enclosed check and not charging the company the late fee.

Your help with this matter is greatly appreciated.

Sincerely,



Craig S. Schreiber
Med Time Technology, Inc.

CRAIG SCHREIBER 07/99
5131 POINTE EMERALD LANE
BOCA RATON, FL 33486

REPUBLIC BANK
BOCA HAMPTONS OFFICE
9060 KIMBERLY BLVD.
BOCA RATON, FL 33434
1-800-MY BANK 1

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63-886/631

4/15/2001

PAY TO THE ORDER OF Florida Department of State

\$**158.75

One Hundred Fifty-Eight and 75/100*****

DOLLARS

Florida Department of State
Division of Corporations
Uniform Business Report
P.O. Box 1500

REPUBLIC ADVANTAGE

MEMO Tallahassee, FL 32302-1500
F00000000558



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4745000804⑈

CRAIG SCHREIBER

Florida Department of State
6820 - Taxes

FLA annual Report

4/15/2001

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158.75

Republic Bank

F00000000558

158.75