2002 Uniform Business Report (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 13, 2002 8:00 am Secretary of State F0000000558 DOCUMENT # 1. Entity Name 03-13-2002 90089 006 ***150 00 MED-TIME TECHNOLOGY, INC. Principal Place of Business Mailing Address 5131 POINTE EMERALD LANE 5131 POINTE EMERALD LANE **BOCA RATON FL 33486 BOCA RATON FL 33486** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Namber Applied For 22-3645923 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHREIBER, CRAIG Street Address (P.O. Box Number is Not Acceptable) 5131 POINTE EMERALD LN **BOCA RATON FL 33486** City 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. DATE FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE ☐ Delete TITLE D+ CEO ☐ Addition SCHREIBER, CRAIG NAME 5131 POINTE EMERALD LN STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33486** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Chairman ☐ Addition Henders Slifer NAME (sliter) Herbert i STREET ADDRESS 1130 HILLSBORO MILE #514 STREET ADDRESS CITY-ST-ZIP HILLSBORO BEACH FL 33062 CITY-ST-ZIP TITLE Delete Change Addition TITLE TUCKER, HANK NAME NAME 250 ONECK LANE STREET ADDRESS STREET ADDRESS NY. CITY-ST-ZIP WEST HAMPTON BEACH CITY-ST-ZIP ☐ Delete TITLE TITLE [] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete [] Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE [] Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 besecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapted or on an attachment with an additional with a statute of the corporation or the receiver of trustee empowered.