


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90186 029 \*\*\*158.75

**DOCUMENT # F00000000558**

1. Entity Name  
**MED-TIME TECHNOLOGY, INC.**



Principal Place of Business  
**5131 POINTE EMERALD LANE  
BOCA RATON FL 33486**

Mailing Address  
**5131 POINTE EMERALD LANE  
BOCA RATON FL 33486**



2. Principal Place of Business  
**3701 FAU Blvd,  
Suite, Apt. #, etc.  
Suite 210**

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**BOCA RATON, FL**

City & State

Zip  
**33431**

Country  
**Palm Beach**

Zip

Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **22-3645923**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SCHREIBER, CRAIG  
5131 POINTE EMERALD LN  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>PCEP</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHREIBER, CRAIG</b>	NAME	
STREET ADDRESS	<b>5131 POINTE EMERALD LN</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL 33486</b>	CITY-ST-ZIP	
TITLE	<b>C</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SLIFER, HERBERT</b>	NAME	
STREET ADDRESS	<b>1150 HILLSBORO MILE #514</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HILLSBORO BEACH FL 33062</b>	CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TUCKER, HANK</b>	NAME	
STREET ADDRESS	<b>250 ONECK LANE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WEST HAMPTON BCH NY 11978</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED **1/16/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)