

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000004263

1. Entity Name **ENDOSCOPY SPECIALISTS INCORPORATED**

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90101 021 ***150.00

Principal Place of Business Mailing Address
5776 HOFFNER AVE 5776 HOFFNER AVE
SUITE 200 SUITE 200
ORLANDO FL 32822 ORLANDO FL 32822-4901
US US

911530



DO NOT WRITE IN THIS SPACE

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 **23-2817703** 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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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. 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 **PD** ☐ Delete
NAME **BARTOS, SCOTT**
STREET ADDRESS **5776 HOFFNER AVE SUITE 200**
CITY-ST-ZIP **ORLANDO FL 32822**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPTD** ☐ Delete
NAME **BYRNE, THOMAS M**
STREET ADDRESS **155 S. LIMERICK RD**
CITY-ST-ZIP **LIMERICK PA 19468**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPS** ☐ Delete
NAME **ZEARFOSS, HERBERT**
STREET ADDRESS **155 S. LIMERICK RD**
CITY-ST-ZIP **LIMERICK PA 19468**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BUCKELEW, LARRY**
STREET ADDRESS **ONE WEEK DRIVE, PO BOX 12600**
CITY-ST-ZIP **RESEARCH TRINGLE PARK NC 27709**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **CHANCE, STEVEN K**
STREET ADDRESS **630 W. GERMANTOWN PIKE**
CITY-ST-ZIP **PLYMOUTH MTG PA 19462**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SICKLER, JOHN J**
STREET ADDRESS **1787 SENTRY PARKWAY WEST**
CITY-ST-ZIP **BLUE BELL PA 19422**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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

1/22/2000 610-948-5100
Date Daytime Phone #