

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90004 021 ***150.00

DOCUMENT # F98000003702

1. Entity Name

SIZEWISE RENTALS, INC.

Principal Place of Business

Mailing Address

P.O. BOX 320
ELLIS KS 67637

P.O. BOX 320
ELLIS KS 67637-0320

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

74-2806835

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

SUPERIOR MEDICAL SYSTEMS, INC.
13191 56TH COURT, SUITE 104
CLEARWATER FL 34620

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	P	Delete
NAME	FRICKEY, WILLARD L	
STREET ADDRESS	204 W. 2ND ST.	
CITY-ST-ZIP	ELLIS KS 67637	
TITLE	S	Delete
NAME	FRICKEY, JACQUELINE R	
STREET ADDRESS	204 W. 2ND ST.	
CITY-ST-ZIP	ELLIS KS 67637	
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	Change	☒ Addition
NAME	Trever Frickey		
STREET ADDRESS	204 W. 2nd St.		
CITY-ST-ZIP	Ellis, KS 67637		
TITLE	V	Change	☒ Addition
NAME	Tim Blackwood		
STREET ADDRESS	204 W. 2nd St.		
CITY-ST-ZIP	Ellis, KS 67637		
TITLE	T/D	Change	Addition
NAME	Willard L. Frickey		
STREET ADDRESS	204 W. 2nd St.		
CITY-ST-ZIP	Ellis, KS 67637		
TITLE	S/D	Change	Addition
NAME	Jacqueline R. Frickey		
STREET ADDRESS	204 W. 2nd St.		
CITY-ST-ZIP	Ellis, KS 67637		
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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: Jacqueline R. Frickey, (785) 726-4885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Corp. Secr. Date 02/11/00 Daytime Phone #