

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000007040

1. Entity Name

ELECTRO TREATMENT INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90118 022 ***158.75

Principal Place of Business

Mailing Address

690 ~~BARMEKS~~ STREET
WARE HOUSE 4
PENSACOLA FL 32501

11043 LAMBS LANE. N.E.
NEWARK OH 43055

2. Principal Place of Business

690 BARRACKS STREET

3. Mailing Address

11043 LAMBS LANE NE

Suite, Apt. #, etc.

WAREHOUSE #4

Suite, Apt. #, etc.

City & State

PENSACOLA FL

City & State

NEWARK OH

Zip

32501

Country

USA

Zip

43055

Country

USA

4. FEI Number

62-1599686

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 CHAMBERLAIN, HENRY
STREET ADDRESS 224 E. GARDEN STREET 317
CITY-ST-ZIP PENSACOLA FL 33-2501

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 690 BARRACKS STREET #4
CITY-ST-ZIP PENSACOLA FL 32501

TITLE S ☒ Delete
NAME PASCO, LAURA L
STREET ADDRESS 11043 LAMBS LANE NE
CITY-ST-ZIP NEWARK OH 43055

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

TITLE D ☐ Delete
NAME CHAMBERLAIN, FLOYD R
STREET ADDRESS 11043 LAMBS LANE NE
CITY-ST-ZIP NEWARK OH 43055

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

TITLE S ☐ Delete
NAME ANGIE SKIDMORE
STREET ADDRESS 11043 LAMBS LANE NE
CITY-ST-ZIP NEWARK OH 43055

TITLE ☐ Change ☒ Addition
NAME ANGIE SKIDMORE
STREET ADDRESS 11043 LAMBS LANE NE
CITY-ST-ZIP NEWARK OH 43055

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HENRY CHAMBERLAIN

3/27/00 740-763-3973

Date

Daytime Phone #

CR2E034 (9/99)