

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001841

1. Entity Name

EMED CO. INC.

Principal Place of Business

2491 WEHRLE DRIVE
WILLIAMSVILLE NY 14221

Mailing Address

2491 WEHRLE DRIVE
WILLIAMSVILLE NY 14221

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

16-0920413

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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)

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FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	<input type="checkbox"/> Delete
NAME	STEINWACHS, PAUL C	
STREET ADDRESS	2491 WEHRLE DRIVE	
CITY-ST-ZIP	WILLIAMSVILLE NY	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STEINWACHS, DONALD E	
STREET ADDRESS	2491 WEHRLE DRIVE	
CITY-ST-ZIP	WILLIAMSVILLE NY	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	STEINWACHS, MARY C	
STREET ADDRESS	2491 WEHRLE DRIVE	
CITY-ST-ZIP	WILLIAMSVILLE NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeffrey P. Steinwachs	
STREET ADDRESS	2904 4th Street W	
CITY-ST-ZIP	Palmetto FL 34226-3500	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kathleen Brunner	
STREET ADDRESS	2491 Wehrle Drive	
CITY-ST-ZIP	Williamsville, NY 14221	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kevin Flanigan	
STREET ADDRESS	2491 Wehrle Drive	
CITY-ST-ZIP	Williamsville, NY 14221	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Paul C. Steinwachs

7/11/00

Date

716 626 1616

Daytime Phone #

CR2E034 (5/00)

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90089 030 ***550.00

AV068193



DO NOT WRITE IN THIS SPACE