

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90052 038 \*\*\*150.00

04-05095

**DOCUMENT # F99000005847**

1. Entity Name  
**UROMED SUPPLIES, INC.**

Principal Place of Business Mailing Address  
~~5065 F OAKBROOK PARKWAY~~ ~~5065 F OAKBROOK PARKWAY~~  
~~NORCROSS GA 30093-1895~~ ~~NORCROSS GA 30093-1895~~

**941562**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
**1095 WINDWARD RIDGE PKWY** **1095 WINDWARD RIDGE PKWY**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Suite 170** **SUITE 170**

City & State City & State 4. FEI Number **58-2215607** Applied For  
**Alpharetta, GA** **Alpharetta, GA** Not Applicable  
 Zip Country Zip Country 5. Certificate of Status Desired  **\$8.75** Additional  
**30005 USA** **30005 USA** Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
~~SANTELLA, DALE~~ Name **JAIME COLON**  
~~2425 APAPAHO STREET~~ Street Address (P.O. Box Number is Not Acceptable)  
~~SARASOTA FL 34231~~ **14145 S.W. 100 LANE**  
 City **MIAMI** FL Zip Code **33186**

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 DATE **3/30/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	DP DORMINEY, KEITH B 8490 EDWARDTON DRIVE ROSWELL GA 30075 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BURNS, HERBERT C III 120 LEEWARD RUN CT. ALPHARETTA GA 30005 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WEATHERFORD, JAMES A <del>4420 INDIAN TRACE DRIVE</del> ALPHARETTA GA 30201 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>256 Overlook Road</b> <b>Dawsonville, GA 30534</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 DATE **4/5/01** DAYTIME PHONE # **678-356-0188**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)