

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90207 015 ***158.75

DOCUMENT # G53231

1. Entity Name
KIDNEY VAN, INC.



Principal Place of Business
**C/O DAVID M. HUGHES
5666 SEMINOLE BLVD. STE. 6
SEMINOLE FL 34642-7328
US**

Mailing Address
**P.O. BOX 47069
ST PETERBURG FL 33743-7069
US**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

SEMI Kidney Van Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5791 49th Street N.

City & State

City & State

St. Petersburg FL

Zip
33709

Country

Pinellas

Zip

Country

4. FEI Number
59-2338432

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

**MALTI, JOSSETTE S.
5666 SEMINOLE BLVD. #6
SEMINOLE FL 33542**

Name

Street Address (P.O. Box Number is Not Acceptable)
5791 49th St. North

City **St. Petersburg**

FL

Zip Code
33709

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Josette S. Malti**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/24/03

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSDT** ☐ Delete
NAME **MALTI, JOSSETTE S**
STREET ADDRESS **5666 SEMINOLE BLVD. #6**
CITY-ST-ZIP **SEMINOLE FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Josette S. Malti
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

1/24/03

727-580-1337

Date

Daytime Phone #

CR2E034 (10/02)