

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G73488**

1. Entity Name

MOBILE ULTRASOUND SPECIALISTS, INCORPORATED

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

07-18-2000 90012 039 ***558.75

Principal Place of Business

784 FOXHOUND DR
PT ORANGE FL 32124
US

Mailing Address

784 FOXHOUND DR
PT ORANGE FL 32124
US

2. Principal Place of Business

784 Foxhound Drive

Suite, Apt. #, etc.

3. Mailing Address

784 Foxhound Drive

Suite, Apt. #, etc.

City & State

Port Orange, FL

City & State

Port Orange, FL

4. FEI Number

59-2338643

Applied For

Not Applicable

Zip

32124

Country

USA

Zip

32124

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCGREGOR, JAMES C
784 FOXHOUND DRIVE
PT ORANGE FL 32124

7. Name and Address of New Registered Agent

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 \$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

TITLE **PD** ☐ Delete
NAME **MCGREGOR, JAMES C**
STREET ADDRESS **784 FOXHOUND DR**
CITY-ST-ZIP **PT ORANGE FL 32124**

TITLE **VD** ☐ Delete
NAME **DORN, JONATHON S**
STREET ADDRESS **330 EVANS DALE**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **D** ☐ Delete
NAME **NASH, ROGER W**
STREET ADDRESS **5055 KNOTT PINE CT**
CITY-ST-ZIP **SANFORD FL 32771**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

James C. McGregor **7/14/00** **407-629-9404**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #