

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90017 048 ***150.00

DOCUMENT # H21692

1. Entity Name

DIGITAL DIAGNOSTIC CORPORATION

Principal Place of Business

Mailing Address

% C.T. CORPORATION SYSTEM

% C.T. CORPORATION SYSTEM

1200 SO PINE ISLD RD

1200 SO PINE ISLD RD

PLANTATION FL 33324

PLANTATION FL 33324-4413

US

US

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

59-2486265

Applied For

Not Applied For

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

CT CORPORATION SYSTEM
1200 S. 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) ☒

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

TITLE ☐ Delete
NAME **PD KEARNS, EDWARD**
STREET ADDRESS **1020 SHERMAN AVE**
CITY-ST-ZIP **HAMDEN CT**

TITLE ☐ Delete
NAME **TD MOTYKA, JAMES**
STREET ADDRESS **12 FERN STREET**
CITY-ST-ZIP **GLASTONBURY CT**

TITLE ☐ Delete
NAME **VD UKRAINCIC, KRESO**
STREET ADDRESS **9 CHESTNUT CT**
CITY-ST-ZIP **CROMWELL CT**

TITLE ☒ Delete
NAME **SD TRUMBLY, BETTY JO**
STREET ADDRESS **48 WADE STREET**
CITY-ST-ZIP **WEST HAVEN CT**

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☒ Delete
NAME **SD Motyka, James**
STREET ADDRESS **12 Fern Street**
CITY-ST-ZIP **Glastonbury, CT**

TITLE ☐ Change ☐ Delete
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:

Edward Kearns
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/00

Date

(203) 288-9444

Daytime Phone #